

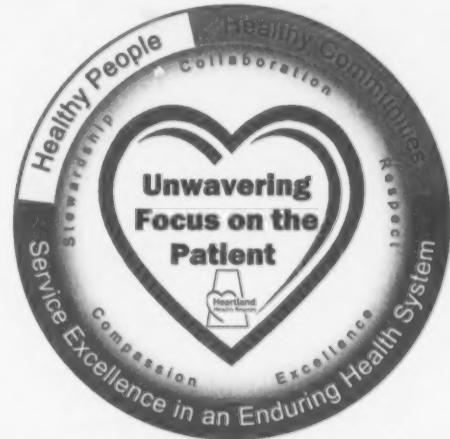


**Annual Report to the Minister of Health
For the 2010-11 Fiscal Year Ended March 31, 2011**

Quality at work In pursuit of excellence

OUR VISION

Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System



OUR MISSION

To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health.

OUR VALUES

- Compassion
- Respect
- Collaboration
- Stewardship
- Excellence

OUR STRATEGIC DIRECTIONS

- Improving the health of individuals, families and communities and providing clients with the best possible care experience
- Excelling at processes to achieve operational and service excellence
- Creating healthy workplaces and environments that support safety for all and quality care
- Managing health care resources to ensure future provision of appropriate services

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Access the Annual Report online at <http://www.hrha.sk.ca/annualreport.htm>

Letter of Transmittal

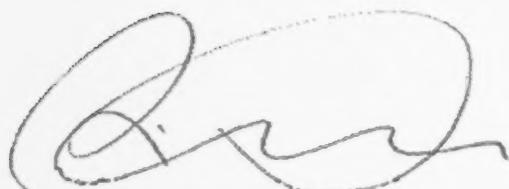
To: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris;

The Heartland Regional Health Authority (HRHA) is pleased to provide you and the residents of the health region with the 2010-11 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2011.

The Heartland Health Region (HHR) had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of the employees and medical staff of the Heartland region, investments from the Province of Saskatchewan, as well as the generous residents who give unstintingly of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,



Richard Anderson
Chairperson

Overview of the Annual Report

The 2010-2011 Annual Report will highlight successes and challenges we have had during the past year. It will outline some of the programs and initiatives we have been working on throughout the region. The report will also show how our programming and services align with the Ministry of Health's Strategic Operational Directions and our own Strategic Plan – Destination 2015.

In the Heartland Health Region, we are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. The region has been working hard to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous quality improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, when planning for anticipated change we can consistently put the clients' needs and wishes first.

Did You Know?

On a yearly basis, Heartland Health Region:

- Admits more than 3,200 acute care patients to hospital;
- Provides more than 1,130 surgeries, including diagnostic procedures;
- Has more than 39,000 ambulatory care and out-patient visits;
- Responds to more than 3,300 emergency medical service calls (EMS);
- Conducts over 22,500 X-Ray tests;
- Provides more than 5,032 doses of influenza vaccine to populations over age 65;
- Provides service to more than 1,942 home care clients;
- Provides residential care to more than 488 residents in long term care;
- Serves people in four designated primary health sites across four primary health services areas.

Vision, Mission and Values

The region adopted a new vision, mission and values statement in April 2010. "Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System" is the vision. The mission is "To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health." Our values are Compassion, Collaboration, Excellence, Respect and Stewardship.

Regional Strategic Plan

The Heartland Regional Health Authority (HRHA), also known as the Heartland Health Region (HHR) is responsible to deliver health care services to citizens living within its borders. On April 1, 2010, the Authority implemented a five year Strategic Plan – "Destination 2015". The strategic plan was developed with consideration of the current environment in the health care

system, alignment with the Ministry of Health's Strategic Operational Directions (SOD), Accreditation Canada standards, an environmental scan of the region, the health status of Heartland residents and input from staff, physicians and communities.

The strategic plan discusses our major areas for focused improvement in four strategic pillars. Processes will also be in place so that we can adjust and modify our plans in order to realize opportunities and/or mitigate emerging risks.

Strategic Pillars: Pillar One: Health of the Individual and Population

Pillar Two: Supportive Processes

Pillar Three: Providers

Pillar Four: Sustainability

For more on Heartland's Strategic Plan see page 22....

Heartland Health Region Overview

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Human Resources, Corporate Services, Quality Services and Primary Health Services. The Senior Medical Officer is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 1.

Programs and Services

Hospital/Acute Care

Acute care services in Heartland are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Saskatchewan Health. The region's seven hospitals provided 82 designated acute care beds that offered services including emergency stabilization, emergency obstetrical, low-complexity surgeries and diagnostic services. Table 1 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care

Heartland and its affiliate St. Joseph's Health Centre provide Institutional Supportive Care (Long Term Care) services with 488 beds in facilities located in 14 communities (See Table 1). Requests for placement in Long Term Care facilities are prioritized based on need. Heartland's facilities offer an additional 59 program beds that provide respite, palliative, convalescent and observation programs.

Emergency Medical Services (EMS)

The Heartland Health Region has 17 EMS sites. Sixteen of these sites operate a traditional EMS service and one site operates as an EMS Rover service. Of these 17 sites, 15 are region owned and operated. The two contracted EMS services are located in Beechy and Elrose.

There are 28 EMS vehicles in use throughout the region. In 2010-2011 there were a total of 3,381 EMS calls responded to by Heartland Health Region EMS services. Low call volumes in several sites, significant increases to standby/on call rates and recruitment difficulties continued to challenge the region's ability to effectively manage costs while providing quality care. There are approximately 175 EMS staff in the region and 65 First Responders.

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as

needed basis. Home care gave services to 1,942 clients in the 2010-11 year. There were 39,393 meals supplied to 337 clients during this fiscal period.

Community Services

The region continued to provide a wide range of programs to residents, including adult, child and youth counselling and psychiatric rehabilitation; addictions recovery and treatment services; public health nursing; public health inspection; public health nutrition and community dietician services; population health coordination; dental health education; speech/language pathology; occupational and physical therapy; and podiatry.

Primary Health Care Services

Heartland Health Region views the Primary Health Care (PHC) model, a holistic way of responding to the health needs of area residents, as the way of the future in providing health care and services and promoting wellness. Teams will be client-centred, and service delivery will be integrated. The initiative is expected to stabilize access to health professionals by scheduling services that will be available routinely in our communities. Over time, Heartland will be able to better align teams and resources to meet the identified health care needs of Heartland citizens, thus using limited human and financial resources more sustainably. The Heartland Regional Healthy Authority is committed to clearly defining routes of access to primary, secondary and tertiary care so that available resources are assigned in the most efficient and effective way.

Research from the Canadian Institute for Advanced Research indicates that 75% of the health status of Canadians is affected by factors outside the health system. For this reason, the region continues to focus on building effective, coordinated and comprehensive community-based strategies to address those factors. The region has strengthened its role in encouraging and supporting individuals to take greater personal responsibility for their health by making healthy lifestyle choices, and treating individuals who are sick or in failing health.

Figure 1: Organizational Structure

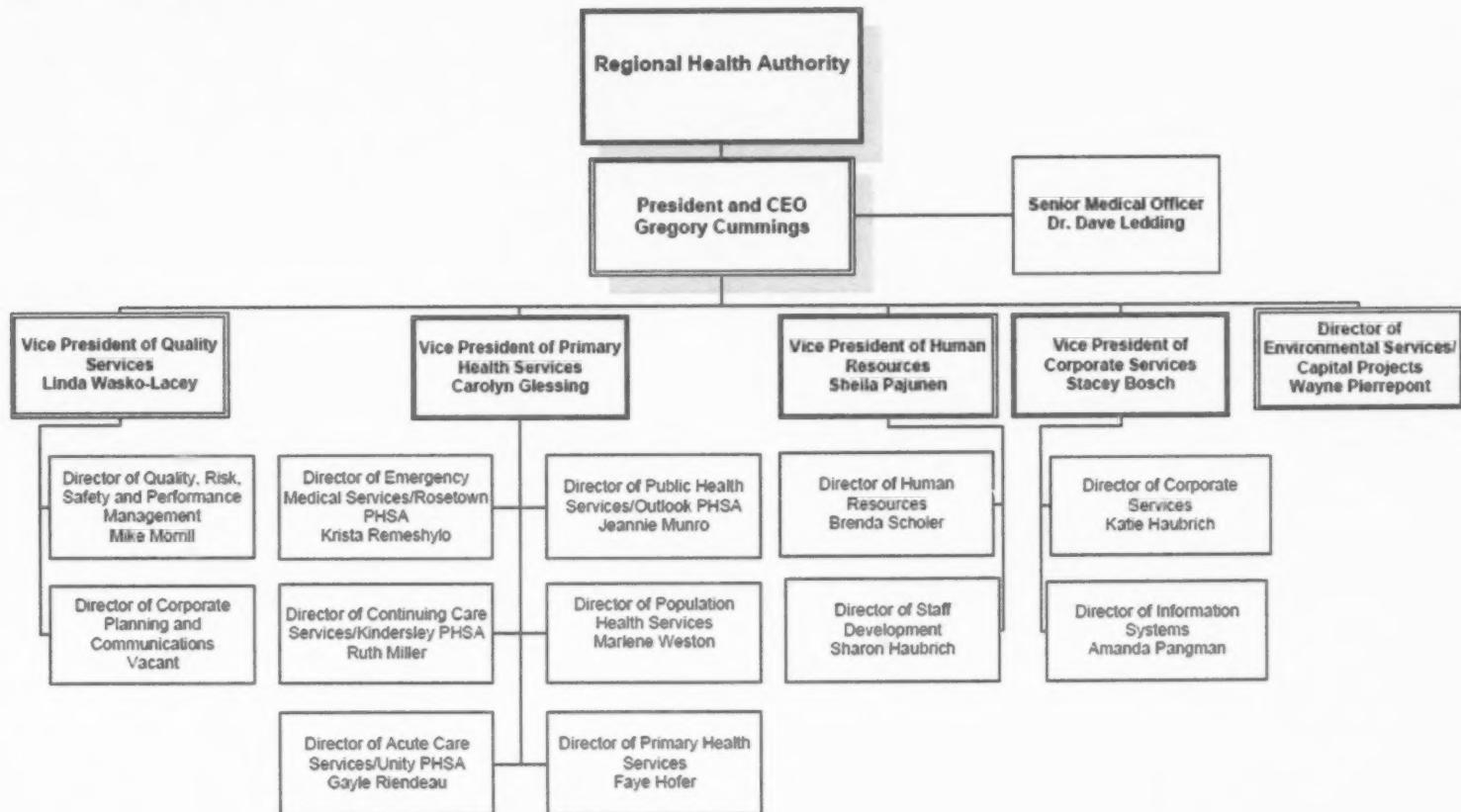


Table 1: Summary of Acute, Long Term Care and Program Beds in the Region

Facility	Program Offered	Acute	Long Term Care	Program	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley Health Centre	Acute, Program	21	0	5	26
	LTC	0	78	2	80
Total District Hospitals		21	78	7	106
Community Hospitals					
Biggar Hospital	Acute	13	0	2	15
Davidson & District Health Centre	Acute, LTC, Program	2	30	6	38
Kerrobert Health Centre	Acute, Program	10	12	2	24
	LTC	0	23	0	23
Outlook Union Hospital	Acute, LTC, Program	10	42	6	58
Rosetown & District Health Centre	Acute Program	16	0	5	21
Unity & Dist. Health Centre	Acute, LTC, Program	10	32	3	45
Total Community Hospitals		61	139	24	224
Sub Total District/Community Hospitals		82	217	31	330
Health Centres					
Beechy Health Centre	Health Centre, M-F 5 days/week	0	0	0	0
Dinsmore Health Centre	LTC, Program (except) Stabilization (16 hrs/day)	0	18	3	21
Eatonia Health Centre	Health Centre, 5 days/wk	0	0	0	0
Elrose Health Centre	(LTC, Program (except observation & stabilization) (12 hrs per day)	0	30	3	33
Eston Health Centre		0	32	4	36
Kyle Health Centre	LTC, Program, Stabilization (16 hours/day)	0	17	3	20
Lucky Lake Health Centre	LTC, Program, Stabilization (12 hours/day)	0	17	3	20
Wilkie Health Centre	LTC, Program	0	29	5	34
Health Centres Subtotal		0	143	21	164
Special Care Homes					
Diamond Lodge	LTC, Respite	0	59	1	60
Rosetown Nursing Wing	LTC	0	21	0	21
Rosetown Wheatbelt Centennial Lodge	LTC, Respite	0	26	2	28
Special Care Home Subtotal		0	106	3	109
Total HHR Beds		82	466	55	603
Affiliated Health Centre					
St. Josephs- Macklin	LTC, Program	0	22	4	26
Grand Total		82	488	59	629

*Program beds include respite, convalescent, palliative and observation

Table 2: Statistical Data for 2010 – The Year at a Glance

Hospitals	Variance 09 & 10	2010	2009	2008
Acute Care Inpatient Separations	↓ 8%	3,201	3,469	3,547
Live Births	↓ 22%	119	152	150
Surgical Cases (OR & Day Surgery in OR)	↓ 1%	1,139	1,151	1,169
Hospital Emergency Room Visits	↓ 3%	23,379	28,110	24,337
Hospital Ambulatory - Scheduled Visits - General Medicine	↓ 4%	11,710	12,200	10,483
Specialty	↓ 13%	1,840	2,120	2,061
X-ray Exams	↓ 5%	22,809	23,944	24,847
Ultrasound Exams	↓ 18%	1,957	2,399	2,623
Ambulance Calls	↑ 2%	3,381	3,330	3,147
Continuing Care	Variance 09 & 10	2010	2009	2008
Long-Term Care Separations	↓ 9%	213	233	236
Temporary Care Separations (Respite)	↓ 16%	407	483	388
Community Services	Variance 09 & 10	2010	2009	2008
Physiotherapy Occupational Therapy Visits	0%	9,612	9,622	10,915
Speech & Language Pathology Visits	↑ 12%	466	416	455
Dietitian Visits	↑ 17%	2,540	2,167	2,265
Diabetes Nurse Educator Visits	↑ 17%	1,356	1,158	1,105
Podiatry Visits	↓ 14%	1,321	1,539	1,232
Telehealth Clinics and Education Sessions	↑ 52%	913	602	403

Governance and Transparency

Heartland Regional Health Authority has completed its ninth year of operation. A 10 member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. The Minister of Health appointed the Board members in February 2009. They include Chairperson Richard Anderson, Vice Chairperson Lorreen Illot, Gary Allan, Hazel Lorenz, M.L. Whittles, Loretta Goring, George Siemens, Gary Groves, Lyle Rankin, and Lyle Leys.



Figure 2: HRHA Board

Back Row (L-R): Hazel Lorenz; Gary Allan; Richard Anderson, Chair; Middle Row (L-R) M.L. Whittles; Lorreen Illot, Vice-Chair; Lyle Leys, Loretta Goring
Front Row (L-R): George Siemens; Gary Groves; Lyle Rankin.

Code of Conduct and Ethics

In keeping with the Regional Health Authority's (RHA) Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values.

The Heartland Health Region places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources within the context/realities of the present day. Within this context, ethical dilemmas sometimes arise. The Heartland Regional Ethics Advisory Committee is developing a regional Code of Ethics as well as an Ethics Decision-making Framework to provide references and a process to assist people (staff, physicians, community stakeholders) to find a resolution to these dilemmas. Additionally, the Ethics Advisory Committee continues to offer an Ethics Consultative service to clients, families, staff, physicians and community members.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships among the Authority, regional stakeholders and Heartland's President/CEO. A monthly review of governance policies at board meetings ensures compliance with Heartland's governance process.

Roles and Responsibilities

As defined by the Ministry of Health's *Roles and Expectations Document*, the RHA must meet expectations in six (6) key areas: Strategic Planning; Fiscal Management and Reporting; Relationships; Quality Management; Monitoring, Evaluation and Reporting;

and Management and Performance. The annual Accountability Document and the Strategic and Operational Directives (SOD) provided by the Ministry of Health also identify specific program and service expectations for the health region.

The President/CEO reported directly to the RHA regarding general and daily operations of the health region. The Senior Leadership Team, comprised of four vice-presidents, the Director of Environmental Services, the Senior Medical Officer and the President/CEO, met frequently and were responsible for planning, integrating and delivering health services throughout the region.

The Regional Operational Planning Team (OPT) comprised of the CEO, the Senior Leadership team and all Program Directors, met regularly (at least monthly). The OPT is a regional forum of health care leaders dedicated to enhancing the client's experience through collaboration amongst portfolios. Using a leadership style that facilitates change, the team addresses strategic direction and operating practices to ensure health system improvements. The OPT members provide input into strategic direction and operational issues, action plan development and achievement and performance monitoring.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the Province. It articulates the expectations for the organizational programs, service and funding of regional health authorities.

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies in Saskatchewan that provides leadership, advocacy, support and programs for its members. Its membership includes all regional health authorities and associations providing health care services. SAHO provides support and education for boards and administrators; professional development and workplace health and safety education and training; human resources, employee relations, and collective bargaining services; payroll and benefit services; and communications and materials management support.

Other Partnerships

The Saskatoon Health Region is another important regional partner. With no tertiary hospital, inpatient psychiatric or addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met.

Other Health Region partnerships include Prairie North Health Region with whom we partnered for ultrasound services in the communities of Rosetown, Biggar and Unity.

The region worked together with the Cypress Health Region in order to provide Nurse Practitioner services in the community of Eatonia.

Participation in the West Central Regional Intersectoral Committee (RIC) remains a key Heartland commitment. Participants include the R.C.M.P., Sun West School Division, the Rivers West District for Sport, Culture and Recreation, Great Plains Regional College, Ministry of Social Services and Ministry of Learning. Together, members of the RIC work to address the key determinants of health in Heartland's communities through funding that is provided to the RIC through various sources.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC)) to successfully resolve issues related to equipment requirements, service levels and resident concerns.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee and the Waterwolf Municipal Government Committee
- Liaising with local Health Foundations
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups
- Attending focus groups

Key Partners and Health Care Organizations

Health & Community Foundations

Health foundations and community donors play an important role in ensuring we have up to date equipment to provide quality health care to the residents of Heartland Health Region. In 2010-2011, we invested \$3,155,521 in upgrades to our facilities, and purchased approximately \$2,069,819 in Capital Equipment, where 26% of the equipment was funded from foundations and donations.

In the 2010-2011, foundations contributed \$168,279 and donations from individuals and bequests contributed \$387,093 to our Capital Equipment. Approximately 17 community foundations and advisory groups exist within the boundaries of the Heartland Health Region. Donations may also be made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchases. The focus

of the funding received in 2010-2011 was used for Patient Comfort and Safety, the Surgical Program, Emergency Medical Services (EMS) and Diagnostic Imaging.

Due to continued support from the Ministry of Health, Heartland was able to work with local foundations, communities and rural municipalities to move forward in the upgrade of Diagnostic Imaging Equipment. Rosetown and Eston's upgrade to both x-ray machine and processor were completed. Heartland is in the planning stage of working with the Davidson facility and community for their x-ray processor.

The region was able to replace emergent non-clinical items in laundry, maintenance, and dietary equipment, as well as upgrade Laboratory Services Equipment with regional monies.

BridgePoint Center Inc., Milden

Heartland is proud to be home to this provincial program that offers intensive residential program services for adults and youths, as well as their families, who are struggling with eating disorders. BridgePoint Center is located in the Village of Milden, in the former Milden Hospital. An independent Board of Directors governs it. Along with the Ministry of Health, the RHA has maintained a strong relationship with the BridgePoint Board of Directors through its liaison member from the Heartland Health Region.

Ministry of Health funding for this program flows through the RHA. Heartland is pleased to support the innovative program services provided at the BridgePoint Center by its dedicated team, and its governing Board of Directors.

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Kindersley area. The CMHA partners with RHA and other community agencies in carrying out these activities.

St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin operates as the HRHA's only affiliate Health Care Organization. St. Joseph's has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

St. Joseph's offers out-patient treatment; emergency stabilization; diagnostic lab and x-ray services and regional prevention/ promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the RHA in providing space for regional programs including community services, home care and Heartland's EMS services. Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It provides health care services to a population of 41,629 residents. (Source: Ministry of Health. Covered Population 2010) over 41,770 square kilometres of land. Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 19 Hutterite Colonies. The region's largest urban centre is Kindersley, with a population of 5,273. Other major centres include Rosetown (2,972); Unity (2,759); Biggar (2,849); and Outlook (2,554). Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may affect the health of a portion of Heartland's population by contributing to social isolation and creating challenges regarding access to services.

Heartland Health Region

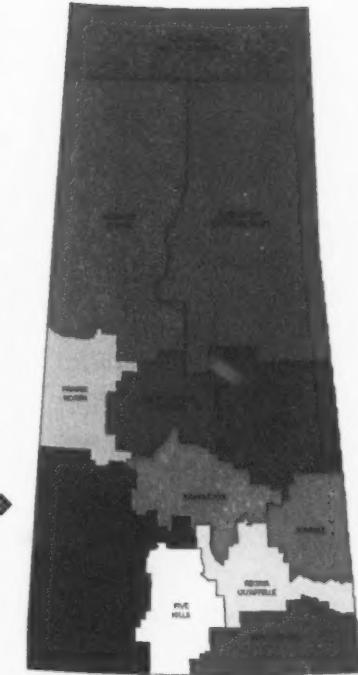
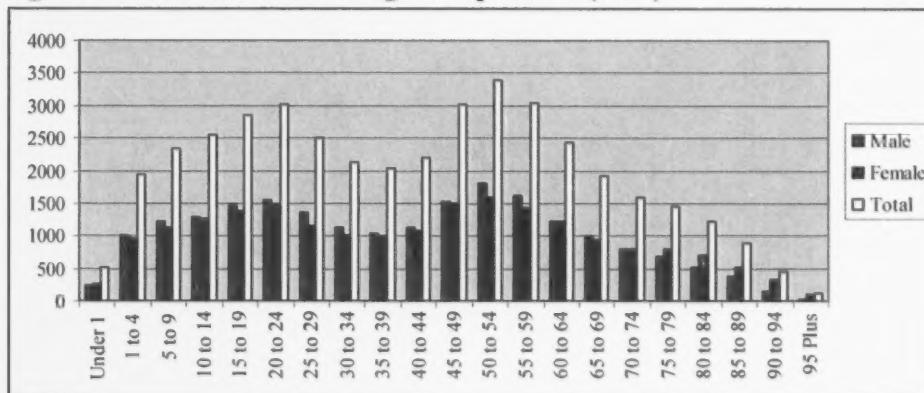


Figure 3: Heartland Health Region Population (2010)



Source: Ministry of Health. Covered Population 2010

In 2010, Heartland's population was closely divided between males and females with 21,061 males (50.6%) and 20,568 females (49.4%). Some 18% of the region's population is 65 years of age or over, compared to the 14.2% in the province as a whole. Figure 3 provides a further breakdown of Heartland's 2010 population by age and sex.

Our aging population is also driven by a particular set of values, resulting in predictable lifestyle choices. The overwhelming preference is for our aging population to utilize the health and social service which affords them the greatest level of personal freedom,

independence, and autonomy. The health system's *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, etc.) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc).

However, in the last few years, Saskatchewan experienced the fastest population growth among all provinces, due both to international immigration and inflow from neighbouring provinces. This trend may significantly affect future service requirements in Heartland Health Region.

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the "Baby Boomers". Within our health status information we have also identified significant trends which are of a particular relevance to that age group (diabetes, high and low blood pressure, obesity, chronic obstructive pulmonary disease, etc.). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

In assessing current health status in the region, there are important considerations for the future:

- Approximately half the population is over the age of 40, with the largest segment being the "baby boomers" aged 45-60. In contrast, approximately 25% of the population is under the age of 20;
- Incidence of Diabetes (1 in 10), High Blood Pressure (1 in 5), and Obesity (1 in 3);
- Healthy eating and regular exercise are below the provincial average; and
- Each month, some of our long term care residents suffer from a fall.

For our aging population, improvement in or prevention of disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and
- Less dependence on the health system.

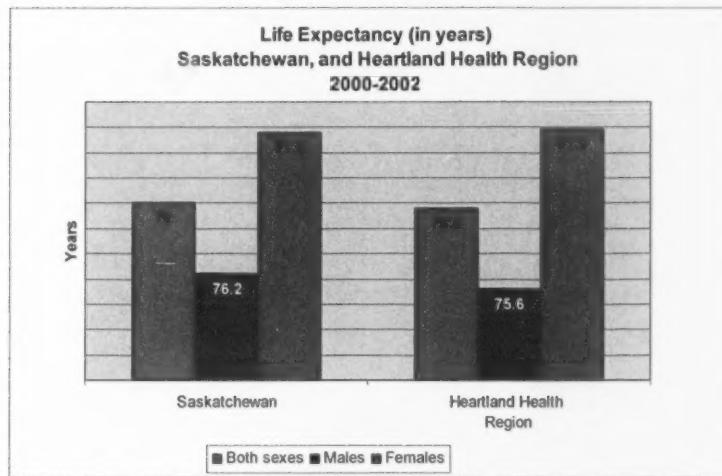
For youth, risk behaviour is the perennial cause of most problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue. For our elder population, health is most often complicated due to falls, thus fall prevention as well as support for chronic conditions are two key priorities that we will put more focus on in the future.

Health Behaviours and Lifestyle Factors

Life Expectancy

Life expectancy is a widely used health indicator that measures the average number of years a baby born today can be expected to live. It is regarded as an indicator of the overall health of the population being studied.

Figure 4: Life Expectancy in years



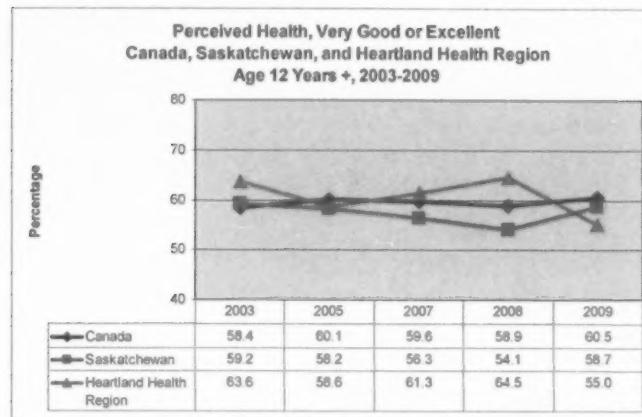
Source: Saskatchewan Vital Statistics, 2000-2002.

When the life expectancies of the Heartland Health Region and Saskatchewan are examined as a whole, very similar numbers are seen between the two populations. Females have a greater life expectancy than males in Heartland – 81.9 years versus 75.6 years.

Perceived Health

According to the Canadian Community Health Survey, perceived health is an indicator of overall health status. As a subjective measure, it incorporates not only the absence of disease or injury, but also physical, mental, and social well-being. Perceived health refers to a person's overall general health.

Figure 5: Perceived Health



Source: Statistics Canada. Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional. Accessed May 11, 2011

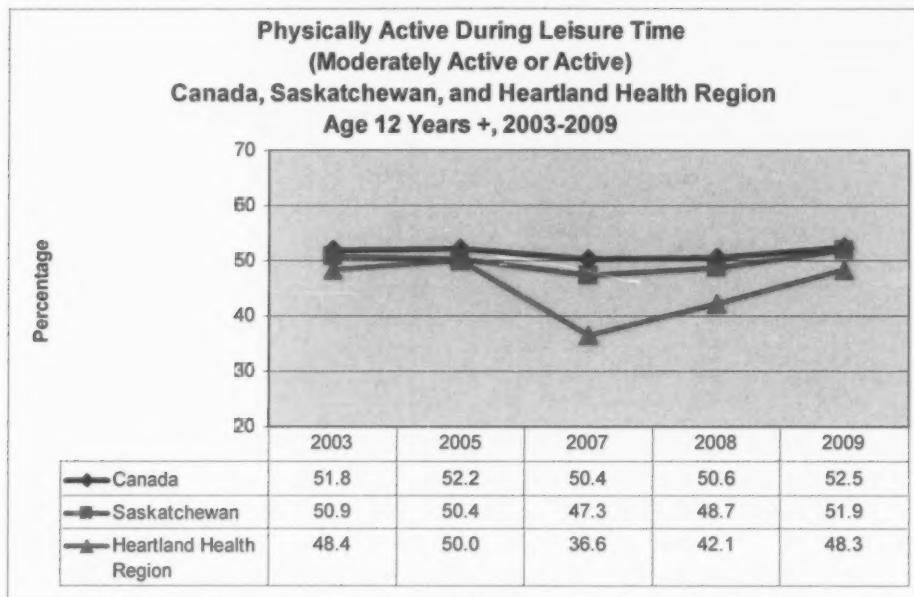
From 2003 to 2009, the portion of the population that self-reported very good or excellent health in the Heartland Health Region fluctuated between approximately 55% and 65%. The percentages were similar to those reported both provincially and nationally.

Physical Activity

For years it has been clear that physical activity is essential to maintaining overall health and well-being. There are numerous benefits to physical activity, including reduced risk of a number of health problems including, for example, cardiovascular disease, obesity, diabetes, and high blood pressure.

In Canada, the percentage of the population that was moderately active or active during leisure time was close to 50% over the 2003-2009 timeframe; the percentage in 2009 at 52.5%. The Saskatchewan provincial average was also around 50%, but slightly lower throughout the time period; 51.9% in 2009. In Heartland, the proportion of active people was lower than both the provincial and national averages throughout the timeframe. The region reached a low of only 36.6% in 2007, but has since improved to 48.3%.

Figure 6: Physically Active During Leisure Time

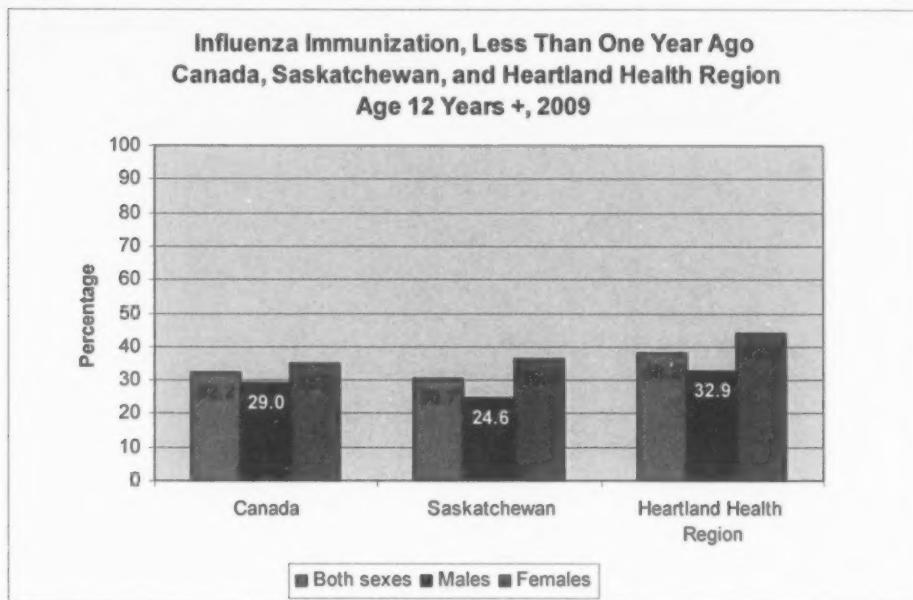


Source: Statistics Canada. Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional. Accessed May 11, 2011

Influenza Immunizations

In all of the populations examined, females were more likely to be vaccinated against the influenza virus. A greater proportion of the Heartland Health Region stated that they were vaccinated against influenza in the year previous than provincially or nationally – 38.2% of the Heartland population compared to 30.7% in the province and 32.2% of Canadians.

Figure 7: Influenza Immunizations 2009



Source: Statistics Canada. Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional. Accessed May 11, 2011

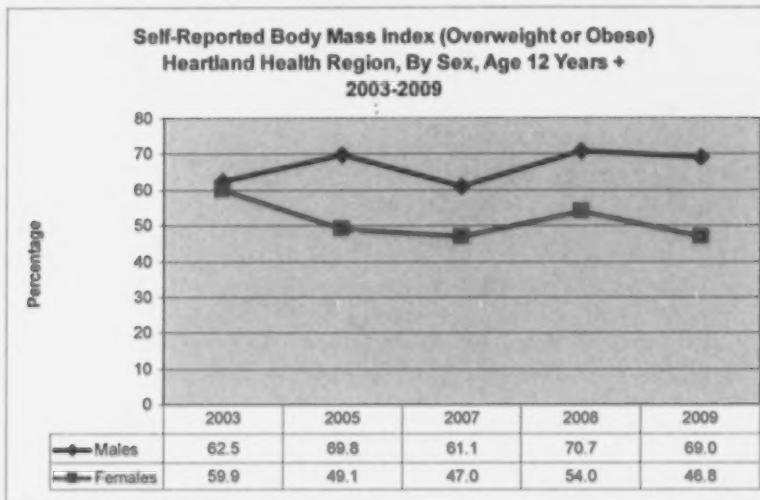
Health Risks

Obesity

Body Mass Index (BMI) is a common measure used to determine if an individual is within a healthy weight range. It is calculated by dividing the respondent's body weight (in kilograms) by their height (in meters) squared. Individuals who are within normal BMI range have the least health risks, while those both underweight and overweight have increased health risks.

In Heartland Health Region, the percentage of females that were overweight or obese was consistently less than males from 2003-2009. In 2003, 59.9% of females were overweight or obese, the percentage dropping to 46.8% in 2009. In contrast, the percentage of males that were overweight or obese has increased slightly from 62.5% in 2003 to 69.0% in 2009.

Figure 8: Self Reported Body Mass Index

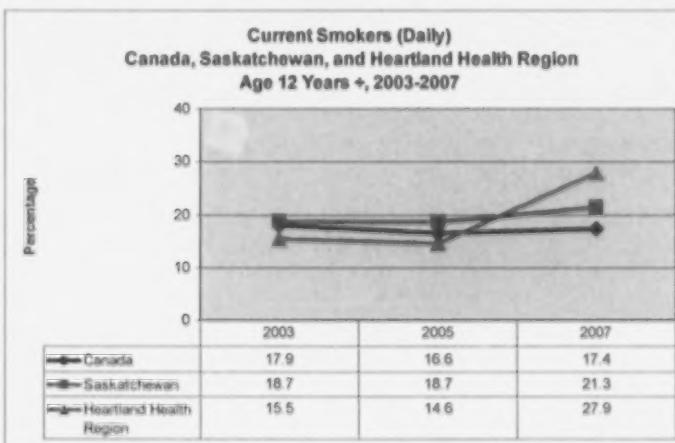


Source: Statistics Canada. Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional. Accessed May 11, 2011.

Smoking

In the Heartland Health Region, the percentage of people 12 years and older who smoke daily fluctuated between 2003 and 2007. In 2003, 15.5% of Heartland Health Region residents self-reported that they smoke daily. There was a slight drop in 2005 followed by a significant increase to 27.9% in 2007. It should be noted that results from 2008 and 2009 were not included due to problems with reliability. With the exception of 2007, the percentage of daily smokers in Heartland was below both the Saskatchewan and Canadian averages. More recent, reliable years of data are needed to determine if the increase in 2007 is maintained, or drops back to 2003 and 2005 levels.

Figure 9: Current Smokers

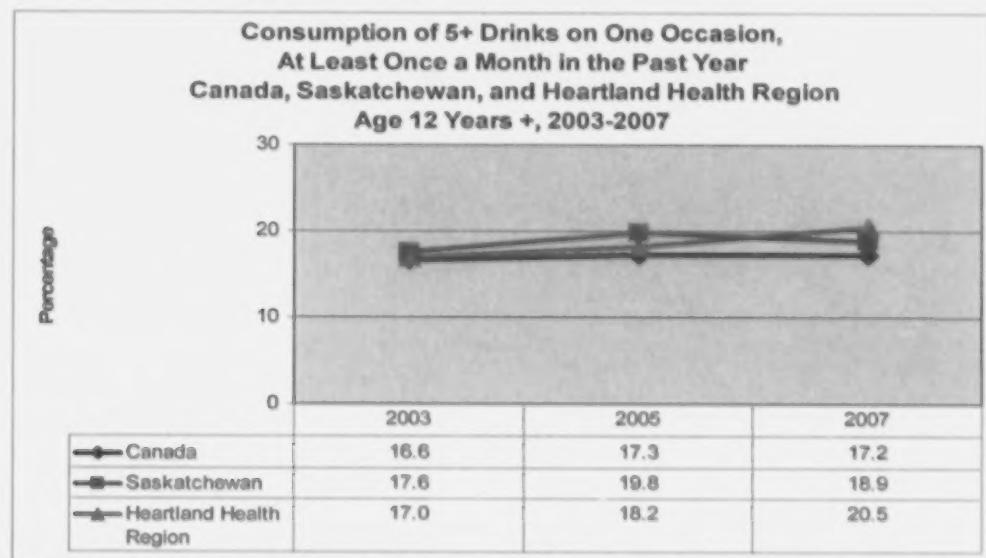


Source: Statistics Canada. Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional. Accessed May 11, 2011.

Heavy Alcohol Consumption

Heavy drinking refers to having consumed five or more drinks, per occasion, at least once a month during the past year (Canadian Community Health Survey). This level of alcohol consumption can lead to serious health and social consequences. Long term heavy drinking may lead to such conditions as cirrhosis of the liver, heart disease and epilepsy.

Figure 10: Consumption of 5+ Drinks on One Occasion



Source: Statistics Canada. Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional. Accessed May 11, 2011

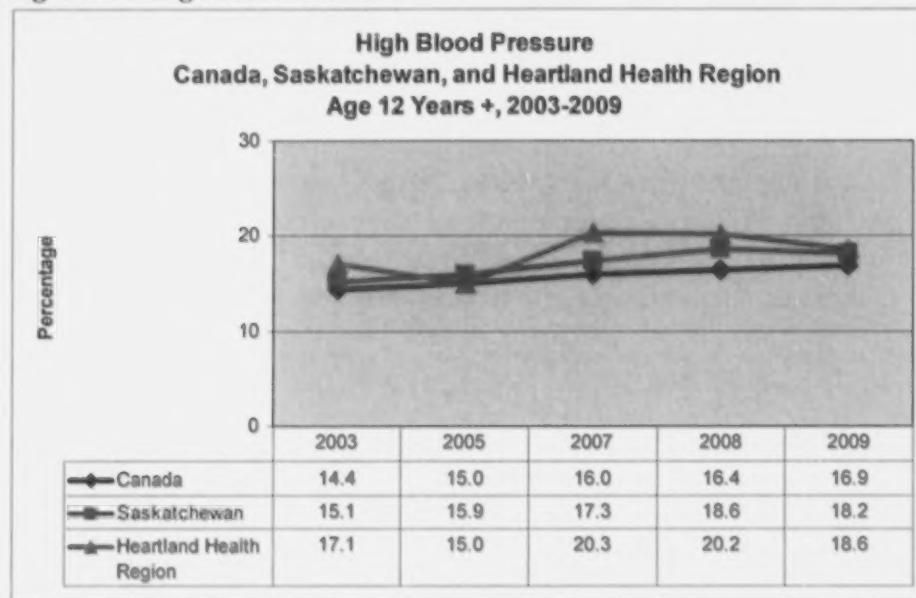
The proportion of people that consume alcohol at a high level was quite similar regionally, provincially, and nationally around 17-19%. However in the most recent year, the percentage in Heartland did increase slightly to 20.5%. It should be noted that the results for 2008 and 2009 were not included due to problems with reliability. Ensuing years of reliable data are needed to determine if the increase in 2007 is maintained.

High Blood Pressure

High blood pressure, or hypertension, is a chronic medical condition in which arterial blood pressure is elevated. Individuals with high blood pressure are at increased risk for serious medical conditions such as heart attack, stroke, and kidney failure. Modifications to diet and lifestyle, with the potential addition of drug treatment, can improve blood pressure control and decrease the risk of associated health complications.

In Canada, the percentage of people that self-reported having high blood pressure increased from 14.4% in 2003 to 16.9% in 2009. A similar trend was seen in both Saskatchewan and in the Heartland Health Region. In Saskatchewan, the percentage with hypertension increased from 15.1% in 2003 to 18.2% in 2009. The Heartland Health Region saw an increase from 17.1% in 2003 to 18.6% in 2009.

Figure 11: High Blood Pressure



Source: Statistics Canada. Table 105-0501 – Health indicator profile, annual estimates, by age group and sex, Canada, provinces, territories, health regions (2007 boundaries) and peer groups, occasional. Accessed May 11, 2011

2010-2011 Results at a Glance

Major Initiatives and Accomplishments

This section briefly highlights the significant events and accomplishments that the health region has achieved throughout the fiscal year, including performance, operational, and financial achievements that pertain to the health region's strategic goals.

Pillar One – Health of the Individual and Population

Improving the health of individuals, families and their communities and providing clients with the best possible care experience.

- The Outlook Primary Health Service area was provided dedicated funding for Exercise Therapy and the position has now been made permanent. The Exercise Therapist has been working with Nurse Practitioners and the Chronic Disease Nurse to develop a Chronic Obstructive Pulmonary Disease (COPD) rehabilitation program.
- The Heart to Heart program has been expanded to include six telehealth sites. We have also increased our group of facilitators.
- The first Annual Healthy Lifestyles Fair was held in Outlook. Outlook interagency staff worked with the schools to deliver education in tobacco cessation, healthy eating and physical activity which are also addressed in the Heartland strategic plan.
- Two communities in the Region (Kindersley and Rosetown) took part in a nine week School of Wellness challenge aimed at reducing risk factors for chronic disease.
- Chronic Disease Management and Healthy Living is still a priority in the region. Through SUN Partnership funding we have been able to hire a fulltime permanent Chronic Disease Nurse to help coordinate the programs. This nurse has also trained as a Living Well with Chronic Conditions facilitator trainer and is working on training more facilitators and spreading that program to support the disease- specific programs that we have.
- The region continues to work with communities to develop food securities programs (e.g. community gardens, collective kitchens).
- Implemented a Falls Reduction Program in Long Term Care (LTC) in 50% of facilities.
- Immunization rates for staff increased.
- Increased patient satisfaction results to meet target.
- Implemented all Issues, Alerts and Recommendations to reduce risk.

Pillar Two – Supportive Processes

Excelling at processes to achieve operational and service excellence

- Three Primary Health sites in Heartland have implemented the use of the electronic medical records system.
- Strategies are developed and being implemented for Mental Health Wellbeing,

- Changes/improvements supported by evidence or best practise were made to a variety of processes including Hand Washing, Medication Reconciliation, Medication Security, Stroke Bypass Protocols, Sepsis Protocols, Dangerous Abbreviations, Patient Identification, Canadian Triage Acuity Scale (CTAS), New Grad Mentorship, Digital Computed Radiography (CR) and Staff Scheduling.
- The region continued to participate in the Acute Care Patient Experience Survey. The region scored higher than the provincial average in many categories.
- Efforts are made to work cooperatively and collaboratively with other health regions and the ministry.
- Improvements have been made in the area of medication administration including storage, security, and inventory.
- Telehealth expanded to include a site in Biggar, Davidson and a second site in Kindersley.
- Expansion of the Client Patient registry system to Outlook.

Pillar Three – Providers

Creating healthy workplaces and environments that support safety for all and quality client care.

- Senior Leadership has made an effort to have a presence at regional staff and operational meetings.
- A permanent Quality Improvement Coordinator was hired to support the Quality Initiatives underway in the region.
- We continued to support our new Registered Nurse Grads and New Licensed Practical Nursing grads by sending them to the Provincial Nursing Mentorship orientation in Saskatoon.
- Continued to offer the Regional Employee, Physician and Preceptor Recognition program with the celebrations held in June.
- Continued Aboriginal Awareness Training on aboriginal culture and traditions to support representative workforce retention. As of March 31, 2011, a total of 1,404 Staff have gone through the training since its inception. Training is now being offered via Telehealth at New Hire Orientation and is open to all staff.
- A nursing open house and tour was held in Rosetown. By promoting the Rosetown facility and community as a place to live and work the new graduates from the nursing program had a chance to see what nursing in a rural setting was all about.
- Patient Medication safety is a priority for the Region. A permanent full-time Pharmacy Technician position was created this year to perform technical duties associated with pharmaceutical services and enabling the Regional Pharmacist to take a more active clinical role.
- Leadership and management services have been consolidated between the Biggar Union Hospital and Biggar Diamond Lodge as well as the Dinsmore and Kyle Health Centres.
- Health Information Management Practitioner (HIMP) staffing has been reallocated within the Region to provide permanent full-time work and services. A part-time

HIMP position has been enhanced to permanent full-time at the Outlook Health Centre with multi-site support to Davidson and Rosetown.

- The Regional Medical Lab Technician (MLT) Supervisor position responsible for coordinating and supervising regional lab services in 16 sites was made permanent.
- The Region introduced a permanent full-time EMS Care Team Manager (CTM) position responsible to work with the Director of EMS in the development, implementation and evaluation of an integrated and accessible Regional Emergency Medical Services system that includes the First Responders programs within the region.
- Permanent staffing enhancements were approved for the Biggar and Davidson EMS sites of 0.53 FTE each in order to support pre-hospital emergency care services.
- A permanent part-time position was approved in Staff Development for Transfer Lift Reposition (TLR) Instruction.
- A temporary Labour Relations Coordinator position was created to further attendance support programming in the Region as part of the strategy to build a healthy workplace.
- Two Emergency Vehicle Defensive Driving Program instructors were trained and have initiated training in the region for all EMS Staff.
- EMS Self Defense Program Training was provided for EMS staff and will continue in 2011-2012.
- An on line training option and regional education days have been introduced to improve staff skills and knowledge.

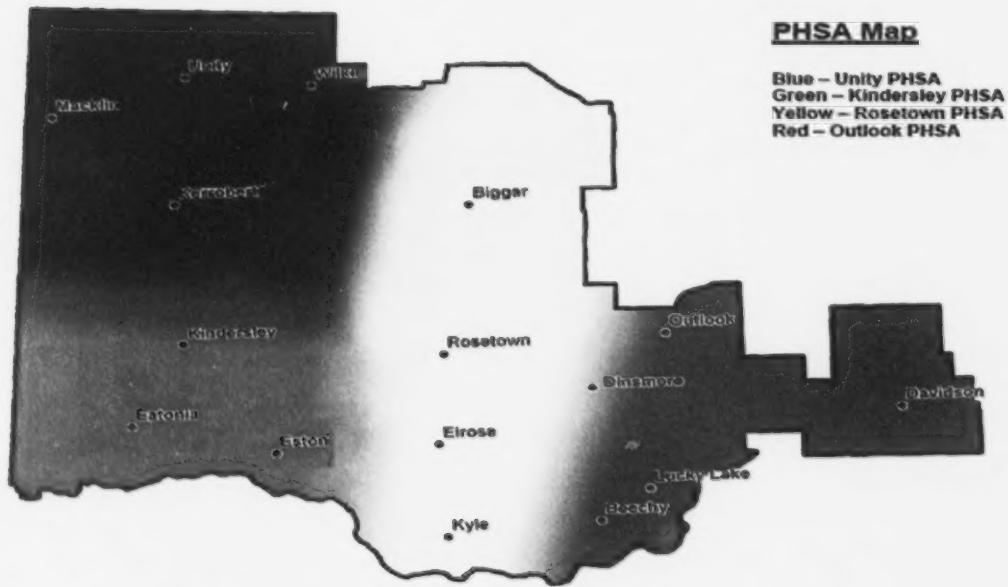
Pillar Four – Sustainability

Managing health care resources to ensure future provision of appropriate service.

- A Quality and Safety Performance Reporting Document was developed.
- A “Measuring our Progress in Patient Safety and Quality” report is used to measure and monitor our progress on quality and safety initiatives.
- Planning continues on three major capital projects involving long term care facility replacement in the communities of Rosetown, Biggar and Kerrobert.
- Board Authority meetings continue to be open to the public and media. The Board meetings have been rotated around the region and have been held in many different communities in an attempt to establish a Board presence.
- The health region met regularly and collaboratively with local media.
- Foundation Partnerships and Community Advisory Groups work together on Capital project planning.
- The Materials Management Department continues to centralize processes to make ordering more efficient and effective.
- The region participated in the provincial shared services plan.
- The region’s debt reduction strategy included the payout of nine mortgages and one loan.

Pillar One - Health of the Individual and Population

Figure 12: Primary Health Service Areas Map



Primary Health Care (PHC)

The development of four Primary Health Service Areas (Figure 4) within Heartland's boundaries has expanded the opportunity for more team-based care and interdisciplinary consultation. Education for communities about team-based care and choosing the right professional is ongoing. The physician shortage throughout rural Saskatchewan has provided opportunities to meet with physicians and communities to look for new ways to meet their needs. Many communities are becoming interested in attracting Nurse Practitioners to their communities to work with physicians to help to meet some of the growing demands for service.

Heartland is aware that the sustainability of our health system lies in improving the health of our population/communities. Community program professionals are taking a larger role in disease and injury prevention in their practices rather than concentrating solely on responding to critical needs. Working with clients toward better self-management will decrease the burden on physicians and other professionals.

Team Development Facilitators have been working with Communications to visit every health site promoting and instilling the philosophy of patient first care. Primary Health

Teams have been focusing on prevention of chronic illness through the promotion of healthy eating and increased physical activity. They have been working with community groups and schools to increase the portion of Heartland residents that choose a healthier lifestyle.

The key to better case management is communication and collaboration between health care teams. The incorporation of electronic medical records is also very beneficial. The more information clients and professionals have about their health, the easier it will be to find areas for improvement. Three of our Primary Health sites have implemented an electronic health record developed by the department of Primary Health. This system will give all of the health professionals access to pertinent patient information which will in turn result in better patient outcomes.

As in past years, the RHA contracted itinerant specialist services, including general surgery, cardiology, urology, neurology, orthopaedics, obstetrics, gynaecology and psychiatry from neighbouring regions. Residents had access to both the Acute Care and Critical Care Access Lines. In this way, Heartland physicians were able to access specialist care in Saskatoon or Regina that could not be provided within the region, and organize the timely transfer of patients to the appropriate care setting.

Therapies

An increased number of Heartland's residents made use of therapy services in 2010-11 than in the previous year, through outpatient services, acute care and long term care facilities and in the community. Therapeutic interventions and treatment, ergonomic assessments, health promotion and injury prevention are some of the areas of expertise provided by the Physical and Occupational therapists, and the Therapy Assistants.

The team developed and distributed a Client Satisfaction Survey to all patients attending therapies from January to March 2011. The indicators that were used were determined by questioning patients on what they expected from a quality therapy service. The values identified included accessibility, goal-setting, collaboration with client, communication, respect, rapport, knowledge, environmental issues, resources, outcomes and satisfaction. Two main concerns about the program surfaced: the length of time between referral and first appointment was too long, and the human and physical resources of the program were seen to be insufficient to meet the needs of Heartland's communities. Overall, there were numerous commendations for all staff involved in the delivery of therapy services.

Therapists from Rosetown and Outlook were once again very involved with the P.A.R.T.Y. (Preventing Alcohol Related Trauma in Youth) program – a multi-disciplinary, information and education day for grade 10 high school students focusing on prevention. Plans are underway for this program to be taken on in Kindersley in the next year.

Falls Reduction and Injury Prevention remain a priority with further initiatives and partnerships being developed regularly. Community strategy development has been a focus for therapies, in addition to programming and interventions. In collaboration with

the Wellness Clinics, presentations and educational sessions on 'Falls Risk Reduction,' 'Mobility and Independence,' and 'Injury Prevention' have been done in Rosetown, Kindersley, Biggar, Kyle and Unity. Future plans include having these available in more communities around the region to continue to reduce the impact of injuries related to falls.

Both occupational and physical therapists in Heartland have been involved in the training and mentoring of students from the University of Alberta, the University of Saskatchewan and Medicine Hat College. These students were from the Masters Programs in Physical and Occupational Therapy, and the certification program in Occupational Therapy Assistant/Physical Therapy Assistant. Students tend to revitalize the staff and provide opportunities for established therapists to expand their own learning.

Other partnerships and educational sessions Community therapy has become involved in included Moms and Tots groups, Diabetic Information Sessions, and the School of Wellness program.

Autism Program

It is has been a very busy but productive year with the Autism Program. There are currently 63 active clients on the caseload ranging in age from 3 years to 19 years of age. The program has assisted in the development of 12 social skills programs in Biggar, Unity, Kerrobert, Kindersley, Eston and Eatonia. A modified karate program was offered Thursday evenings in Unity from November and will wind up in April 2011. Recreational activities such as golf, swimming, horseback riding and bowling were also offered and will continue until the end of June 2011. Last summer, week long day camps were offered.

Several students within the Unity and Wilkie area participated in "Mindfulness" training for anxiety. Since results have indicated success in reducing anxiety, the program will now expand to Biggar in early May and Kindersley by the fall. Additional speech and language support has also been provided in Dinsmore, Eston, and Eatonia. A Family Support Group has been established.

Additional funding for the program has been provided through a North Central Autism Pilot Project. The Agreement with the Saskatoon Health Region was signed in February. The Region received an additional \$95,000 per year for three years. The funding will be used for additional respite services and contracting the specialized services of a psychologist and for speech issues related to autism. The Region's autistic children will also have access to a specialized team for assessment and diagnosis.

Speech-Language-Communication Services

Speech, Language and Communication Services focuses on "Promotion, Prevention and Supportive Development of Speech-Language Skills of Preschool Children". Promotion and Prevention are addressed through presentations at Preschools, Daycares and Family Centres while service delivery is offered through two options. One is

through the traditional Clinic-Home practice and the other is through a community-based program, Partners in Communication, which utilizes community resources.

The service provides seven clinics throughout the Health Region and maintained an average monthly caseload of 50 which is an increase of almost 39% over the previous reporting year. Partners in Communication, which was initiated in May 1996, is a successful 'Home Program Plan Away from Home' for preschool children and since its inception 286-programs have been completed with 14-programs in progress.

A significant development was the design; development and completion of the German-English Speech-Language Evaluation (GESLE) format which is used to assess the speech-language skills of children who speak in German only. The information and translation for this Evaluation was obtained through the kind assistance of members of the Springfield Colony, Kindersley, Sask. and the children in the pre-school program. The total GESLE package includes:

- a. An Evaluation Process
- b. The Recording Format and
- c. Symbols for the Evaluation

Communication Companion is a "Quality of Life" Program for adults and seniors designed and implemented in January 2005. The Program is a shift from the traditional assessment and rehabilitation driven program models. The fundamental principle is to enhance communication skills; build social interactive connections; minimize behavioral disruptions which impact on both staff and residents at the facility and increase cognitive awareness. The Program addresses the growing need for 'Functional Communication' when communication flow and fluidity is interrupted.

Initially, this program was designed as a 'Support Program for Stroke Patients' and was subsequently adapted as a general program for adults and seniors with varied dispositions. To date 50 programs have been completed with three programs in progress.

In 2009 the use of e-mail to report progress on children and seniors was encouraged and e-mails are recognized as an emergent mode for contact and communication.

Public Health Nutrition

Public Health Nutrition uses an approach that includes advocating for and building healthy public policy, helping create supportive environments, and assisting communities to build the capacity to take charge of their nutritional health.

The Public Health Nutrition program works toward making healthy choices the easy choice for all the region's residents. The program promotes an overall healthy lifestyle that includes healthy nutritious food. The program also helps communities reduce the barriers and increase the opportunities for people to lead healthy lives and access healthy foods. The Public Health Nutrition program continues to support community groups with food security issues and plan for feasible and sustainable community-led projects.

The region is assisting the Kindersley Food Coalition (formally called Kindersley Food Security Working Group) to improve and build on food security services in their community. The focus is on taking a step by step approach to assist them to build and sustain community lead projects such as garden projects, adult cooking class, and Kids in the Kitchen.

The Nutritionist collaborates with the other Saskatchewan nutritionists in provincial initiatives such as Comprehensive School Community Health, The Cost of Healthy Eating in Saskatchewan and a Self-Study Course for Nutrition Coordinators.

Healthy Lifestyle Promotion

A Health Promotion committee was formed as a part of the Healthy Lifestyle Program Steering Committee. This group has become an advisory group for three sub groups working on tobacco reduction, healthy eating and physical activity. It is a multi-disciplinary collaboration to consolidate health promotion work across the region.

A Healthy Lifestyles Fair was held in Outlook in 2010. There were many informational booths and presenters on a wide range of health promotion topics/disciplines. Community members were also involved to showcase that regular people in rural Saskatchewan have successfully incorporated healthy lifestyle choices into their daily lives, regardless of challenges, and that others can also do so.

School of Wellness

The Rosetown Primary and Population Health in partnership with Pharmasave and SAHO sponsored a "School of Wellness" challenge open to anyone with a chronic condition.

Our challenge was between the communities of Rosetown and Kindersley and took place from January until March. The program ran over nine weeks and involved an educational component as well as physical activity each week. Some of the topics were: exercise, healthy eating and a virtual grocery store tour, prevention/management of chronic conditions and managing stress. There were 84 participants between the two communities. This program runs much

Figure 13: School of Wellness Participants



like the “Stanford Living Well with Chronic Conditions” in that participants are required to set weekly goals. There was an educational component each week which was open to the general public. Most of these sessions were delivered by Heartland staff and some community partners. The participants agreed that the lifelong benefits for them very soon outweighed the idea of a challenge. The group plans to meet again in June to see if their lifestyle changes are continuing.

Chronic Disease Management

The chronic conditions nurse has begun coordination of all of the disease specific and self-management programs within the Region to ensure that they are reaching as much of the population as possible. She is developing a list of present facilitators and is ensuring that we are training more as possible.

The Exercise Therapist plays a huge role in these self-management classes as well as participating in prevention.

Diabetes Strategy

The REAP (Risk Evaluation and Assessment Program) team has developed a diabetes site on the Heartland Health Region Sharepoint. This will offer on line learning modules on various topics on diabetes following the current Clinical Practice Guidelines and recommended best practices in diabetes care. This will help to provide the greatest accessibility to continuing diabetes education for professionals.

This group has also undertaken an audit of all of the learning programs that they offer and developing ways of measuring outcomes in order to ensure that our programs are helping to improve client outcomes.

Community Outreach Programs –Youth Engagement

The Region has had a Recreation Therapist position in place to work with communities in the Region to provide activities for youth at risk of substance abuse. The main focus of the program is to work with youth to foster healthy activities that lead to avoidance of substance abuse. Adult volunteers are needed to assist the youth in organizing and running the activities. The Recreation Therapist has been involved in a Youth Conference held in Unity, organizing and coaching sports teams and outdoor field trips in Kindersley. The Recreation Therapist also worked with the KDawn (Kindersley Drug and Alcohol Wellness Network) in Kindersley to address youth needed. In January, a temporary Youth Outreach Worker position was added to work with the communities on the east side of the Region – Biggar, Rosetown and Outlook. A Need Assessment was conducted in Rosetown and Biggar, and from that information, the Youth Outreach Worker will be working with youth and adults in those communities to address needs identified.

Rehab Nursing

Work has been progressing for the past two years on the Mental Health Services Policies and Procedures. With the finished product ready to put into place, we have had a number of changes on the Provincial scene which have been leading to standardization of

documents in key processes. Policies and procedures will have to be reviewed again in the light of changes coming.

Through an arrangement with the Saskatoon Health Region, Heartland is funding one clinic every other month so that there will be monthly psychiatrist clinics in Outlook.

Through the SUN Partnership arrangement, the Region was able to obtain some funding for a Rehab Nurse position in Outlook. The Outlook-Davidson area was previously served by Rehab Nurses headquartered in Rosetown. Through the Mentorship Program, funding was provided for additional resources.

The Rehab Nurses conducted a Client Satisfaction Survey and found that most clients did not know how to access services. They will be working on promoting services.

Group work has been very effective. Groups that were continued and expanded this year were: the cancer support group in Rosetown, coping skills group in Biggar, the Live well with Chronic Disease group in Rosetown and Kindersley and the depression group in Biggar.

The Rehab Nurses have been working with an increased number of high and multi-needs clients who have, among other problems, housing issues. They are working with the Public Health Inspectors to better understand each others roles in being able to support the PHIs and the people of Heartland Health Region. They are looking at crisis management of these particular clients.

The Rehab Nurses have had representation on various regional and provincial projects such as the Falls Prevention Strategy and the Maternal Mental Health Initiative to raise awareness about pre and post natal depression.

Adult Community Health

Adult Counseling Services has experienced a considerable increase in clients who are being referred or who are self-referring to the program. As a result the Counselors were experiencing long wait lists. Clients in some areas were waiting six weeks to two months to be seen.

In order to address the wait lists and provide more timely access to services, the Adult Counseling Program instituted three initiatives:

- 1) Clinic days were created where clients on the wait list were each scheduled for an appointment on that day to determine what services they needed. Some clients only needed one appointment to receive the help they needed.
- 2) Discharge planning was conducted with the clients so that an end date for service was agreed upon. Clients moved faster through the treatment sessions when a goal was established.
- 3) Counselors organized group sessions for clients with the same diagnosis e.g. depression, anxiety. Counselors also delivered courses called "Live Well with Chronic Disease" which addressed chronic depression among other diagnoses.

Wait lists have now been reduced drastically and clients are being seen in a more timely.

Child & Youth

The Child and Youth program has been very fortunate to receive funding from the Ministry of Health for various projects. In the past year the Region has been working very closely with the Province to build on the quality of services being delivered to children and their families in need within our communities. One of the most important initiatives was education for Child and Youth workers. The Province has identified seven skill sets that have formed the basis for education provided during the past year which the region's Child & Youth workers have been able to access. All workers are now trained in Level I Cognitive Behaviour Therapy. Several training programs have been offered by innovative means. Telehealth was originally used, and now a number of sessions have been delivered by Webinars where counselors can view training through their desk top computers. This innovative learning tool has reduced the cost of travel and accommodations, and allowed more counselors to access the learning.

The Region is participating in implementation of the provincial initiative of using outcome scales (referred to as Child & Adolescent Family Assessment Scales) that have been on the draft tables for the past one and a half years. Some of the Counselors have received the training and are working with the scales.

Addictions

Heartland and its community partners continue to work towards the decrease of substance use through the Drug and Alcohol Awareness Wellness Network (DAWN). This is a multi-disciplinary team committed to helping communities in west central Saskatchewan to affect positive changes regarding substance use/misuse. DAWN's activities for the past year include:

- Entered into a Contribution Agreement with Health Canada to develop social hosting responsibilities and liabilities resources, youth sport organization focused resource and providing community capacity building workshops. To date, the social hosting resources are completed, are working with partners to develop the youth sport resource and have assisted two communities in hosting capacity building workshops in Kindersley and Unity.
- Working on the development of a website. A work in progress, it can be found at www.dawndrugstrategy.com.
- Organized a youth conference in Unity in October 2010 entitled Talking to Youth Live (TTYL). It was an interactive conference for grades 7 – 9 students from Unity, Wilkie and Macklin.
- Social marketing campaign in Unity to complement the TTYL conference.

The Drug and Alcohol strategy launch was held in September of 2009. The region had various staff members involved in the committee to develop the Drug and Alcohol Awareness Wellness Network (DAWN) regional drug strategy. The DAWN strategy was developed to address the needs and issues faced in rural Saskatchewan with respect to drugs and alcohol. Community consultations were held between June 2007 and January 2008 and the strategy was launched in 2009. DAWN's purpose is to assist communities

with their work to decrease substance use/abuse, advocate for positive change, promote connections between communities and act as a liaison as needed.

Table 3: Heartland Health Region Long Term Care: Key Statistics (2010-11)

No. of Placement Requests	173
No. of Individuals Placed	158
Average Days on Transfer List	79.78
Average Length of Stay (days)	83.13
Average Days from Placement Request to Assessment	12.99
Average Days from Placement Approval to Admission	8.94
Average Placement Age > 65	85
# Placed in Facility OF CHOICE	87
# Placed in Facility NOT OF CHOICE	71
# Placed on Transfer List (Desired Facility)	76
# Transferred (Transferred To)	33
# Declined Transfer	5
# Discharged	0

Continuing Care

Heartland is very excited to be continuing the planning for new Long Term Care (LTC) accommodation which will be in the new facilities (Kerrobert, Biggar and Rosetown). These facilities are designed using the 'house' concept with each resident having their own rooms and each house (10 – 14 residents) having its own dining room and activity area. Along with all the work involved in the design and budget process, there is also a committee working on staffing needs – so that we can identify any changes that need to be made and be ready when facilities are completed!

In general, the LTC facilities continue to experience staffing challenges in rural areas i.e. recruiting journeyman cooks, professional nursing staff (RNs & LPNs) and Client Care Coordinators (Home Care Assessors). There is typically an ebb and flow so at any given time some areas may have more challenges than at other times as we work to ensure appropriate staffing for those in our care as well as continuing to work on overtime and sick time reductions.

Even though a varying degree of staffing challenges persist across the Region, there has been no impact on client care. All facilities have contingency plans in the event of staffing challenges and are very adept at problem solving and finding creative solutions. For example, rather than work short staffed, facilities use full-scope LPN's to fill a RN line on a short term basis. For longer term solutions, facilities have been creative with their schedules and rotations, including the establishment of multi-site positions to create new relief positions. These rotation adjustments and new relief positions have been instrumental in keeping facilities staffed. Another creative solution has also been the use of SUN monies for relief nursing positions to stabilize staffing in different facilities.

These relief positions make it possible to grant vacation requests and to back-fill for sick time at facilities where staffing is tight.

Revisions to our regional Health Care Directives were completed this year. The local Client Care Coordinators have all the forms in packages and discuss them with new clients into home care. As well they are available to anyone from the community.

Although HHR continues to have capacity to accommodate requests/applications for LTC, there are challenges in this area as well as we try to meet client needs with the constraints we have within the system i.e. to be able to offer a LTC bed in the client's home community. Many times there is no bed available and the client is offered a bed in another community. However, they are put on a transfer list and return to their home community when opportunity presents.

Additionally, there is good use of 'program' beds (respite, palliative, convalescent) in the region, allowing caregivers to have a break or clients to convalesce before returning home, often with home care.

LTC has also been involved in the Medication Management program in the region – a method to ensure there is continuity of medications when moving into a facility.

Emergency Services

Similar to many rural Health Regions, staffing for Emergency Medical Services (EMS) can be a challenge. Since the number of full-time and part-time EMS positions is limited, the majority of the EMS positions are casual on call. Overall, this staffing model works well and is a good fit with the logistics and scale of a rural region, but there are times when a community may experience a staffing shortage. Most casual employees have other employment in the community which can limit their availability to provide on call coverage for the ambulance service. There are also seasonal pressures, when the casual pool of staff thins out due to vacations or seasonal work patterns.

Whenever a community experiences a staffing shortage and a full EMS crew is not available, the ambulance is considered out of service. In the event of an EMS service disruption, two key responses are triggered. For information purposes, a community notice goes out through various media channels and through appropriate internal communication channels within HHR. To ensure some level of service is available to the community, a contingency plan is put in place for the closest available ambulance to be dispatched should a call come in. At times, the travel distances can result in significant delays. To minimize the impact of a delay, HHR attempts to use First Responders and EMS Initial Responders to provide care until the ambulance unit can arrive.

It should be noted the staffing challenges are not only felt by communities with a low volume of EMS calls; larger, busier EMS services are also experiencing the same staffing issues.

EMS Successes

This year we had a new ambulance vehicle purchased and placed in the Kindersley service. There were subsequent rotations of vehicles throughout the region, improving the health of the ambulance fleet in the region.

Dental Health Education

The Heartland Health Region Oral Health Screening report was completed and finalized in September 2010. This needs assessment data will assist in planning and developing preventive programs for schools/communities and enables the Dental Health Education Program to measure the oral health status of students and compare past oral health screening data collected.

Thirty schools in the region participate in a school-based Fluoride Mouthrinse Program. Eight volunteers mix and dispense the fluoride mouthrinse once a week from September – June.

To view list of schools participating go to:

http://www.hrha.sk.ca/documents/FMRSTATS_Nov2010_final.pdf

Fluoride Varnish Program

A Fluoride Varnish Program was implemented in the region in March 2011 due to the high percentage of Grade one children that did not meet the Canadian Oral Health Strategy (COHS) goal of 50% or more who were cavity free. All children between the ages of 12 months to four years of age are eligible to participate in the fluoride varnish program.

By the time many children reach school they have experienced dental cavities and/or dental treatment. The goal of this program is to prevent cavities in younger children, resulting in fewer costs to parent and/or the health care system, reducing the number of young children having general anaesthetic administered and freeing up operating room time for other surgical procedures.

Immunization

Efforts continue to address the needs of Heartland communities during Influenza Season. Public Health Nurses (PHNs) and physician, provided the following vaccinations, many of them for seasonal influenza:

- 6,605 doses of influenza vaccine to residents under 65 years of age;
- 5,032 doses to Heartland residents 65 years of age and older;
- 1,032 doses to Health Care Workers or 58.2% received their annual influenza vaccine.

This was the first year the Province introduced a Universal Influenza Program, so there were no sales of flu vaccine as all doses were publicly funded.

Long Term Care (LTC) facilities provided 414 doses of vaccine to a possible 477 residents of LTC facilities (87% of LTC residents).

In 2010-11 the Public Health Nurses (PHNs) provided extensive Child Health Clinics through out the region:

- They offered 527 clinics (an increase of 28 clinics over 2009-10 or an increase of 5%).
- There were 3,385 available appointments for children (an increase of 10% or 320 available appointments over 2009-10).
- There was a decrease of 113 (4%) of scheduled appointments, for a total of 2,885.
- There was an increase in unscheduled and drop in visits as the PHNs saw 1,524 (an increase of 534 or 54%) unscheduled or drop in visits (15 minute appointments) at these clinics.

In the 2010-11 fiscal year, PHNs continued to implement a variety of school based immunization programs. As a collective group, they gave 4,504 school immunizations based on current provincially funded programs.

Not including annual influenza programming for Heartland Health Region employees, the PHNs did address 559 staff health consults and gave another 386 immunizations to employees.

Travel health and vaccine sales clinics (activity for 2010-11)

- 2010-11 saw the 2nd year of expansion of travel health and vaccine sales services to include:
 - Rosetown Public Health Office – satellite Biggar
 - Unity Public Health Office – satellite Kerrobert
 - Outlook Public Health Office – satellite Davidson
 - Kindersley Public Health Office – satellite Eston
- There were a total of 157 travel / sales clinics in 2009/10, which is a slight increase of 17 clinics.
- In those clinics, the travel PHNs saw 634 clients for consults and 757 clients for 15 minute appointments

Communicable Disease

The Communicable Disease program coordinated the investigations of 47 reportable communicable disease cases this past year. Public Health Inspectors and Public health Nurses did follow up education, worked with regional physicians, and provided education to the public. There were 77 Sexually Transmitted Infection cases and contact investigations that occurred in 2010-11.

Outbreak Management

In 2010 (January to December) there were three outbreak investigations in Heartland's facilities that included:

- Two gastrointestinal outbreaks (two laboratory confirmed Norovirus).
- One respiratory outbreak (this outbreak was never confirmed with a causative organism).

Pillar Two - Supportive Processes

Quality Improvement

Heartland Health Region continues to participate in the Acute Care Patient Experience Survey coordinated through the Health Quality Council. Patient-centredness is a key dimension of health care quality. Obtaining feedback directly from patients about their experiences with health care services is fundamental to measuring patient-centredness¹. The feedback from this survey provides valuable feedback from client experiences to support quality improvement.

Heartland Health Region underwent its third regional Accreditation survey in June of 2010. Eight surveyors from across Canada and representing a variety of professions and disciplines visited all of our sites, conducted tracer activities and met with staff to get a good understanding of our region. Regional staff continue to work toward meeting the recommendations from the 2010 Accreditation survey by Accreditation Canada. Three main areas requiring the immediate attention and resources of the region included Falls Prevention Strategy, Medication Reconciliation, and Reprocessing and Sterilization of Reusable Medical Devices. Other areas requiring attention included the Client Safety Plan, Disclosure, Education on Safety, Ethics and Ethics Framework, Goals & Objectives to Reduce Harm and Improve Safety, Integrated Risk Management, Managing Medications, Operating Rooms, Overcrowding in Emergency Rooms and Criteria regarding Transfer of Care, Quality Improvement Integrated Quality Management Framework, Safety Program, Training on Infusion Pumps, Transfer of Information at Transition Points, Transfer of information when clients do not have a regular health care provider.

A Steering Committee has been established to guide and monitor the improvement activities in the region. As well, a focused visit by two Accreditation Canada Surveyors will take place in June 2011.

Releasing Time to Care (RTC)

In May 2010 Heartland Health Region launched its first “Releasing Time to Care” initiative at Outlook Union Hospital, Acute Care Services. Releasing Time to Care (RTC) is about staff creating sustainable quality improvements in ways that make it possible for staff to put more time into direct patient care. Releasing Time to Care is not a project, it’s a culture change!

The RTC “Productive Ward” program was developed in the United Kingdom with dramatic results and has been adopted by the Health Quality Council in Saskatchewan to assist Health Regions in enhancing the patient’s care experience. Right from the start of RTC, the Outlook team has been led by their vision “Providing a healing environment committed to safe patient care”. The essence of the program is teamwork: front-line workers gathering and analyzing evidence, and working together to improve their environment and their activities. With oversight by the Care Team Manager and led by

¹ http://www.hqc.sk.ca/hqcQInsight/pdf/Pat_Exp_Quality_Insight_2010.pdf

the Ward Leads along side a team of nurses and other staff, the group selected the following core objectives and key measures to guide their work.

Core Objective	Key Measure
Improve patient safety and reliability of care	A reduction in medication errors
Improve each patient's experience	Results from patient satisfaction surveys
Improve efficiency of care	(1) An increase in direct care time, (2) An increase in the number of patients discharged on their estimated date of discharge
Improve staff well-being	Results from staff satisfaction surveys

Based on these guiding principles the team has been working on three foundational modules: "Knowing How We're Doing", "Well Organized Ward", and "Patient Status at a Glance". They have also embarked on improvements based on work from three process modules: Admission and Planned Discharge, Shift Handover, and Medicines. Based on work in both foundational and process modules they are measuring improvements in several areas such as, medication errors, patient and staff satisfaction, direct care time, and logical organization of the ward.

One of the first projects the acute care team – now known as WOW (Well Organized Ward Team) – took on was the reorganization of the Emergency Department (ED). The WOW Team used a 5S process to sort, straighten, shine, standardize and sustain the ED.

After the ED reorganization, the WOW Team initiated a project known as "Patient Status at a Glance". One of the hallmarks of this project has been the implementation of a communication board in each patient's room. This board provides useful information to patients about their treatment schedule that day, and it keeps staff informed about information important for verifying the patient's identity, and most responsible physician. The board also lists the patient's anticipated date of discharge as a marker to help the patient's family and care team work towards this goal.

RTC also provided Outlook Acute Care staff with unique learning opportunities, as well as the chance to showcase their accomplishments to senior leadership. One of the leading researchers tracking the impact of RTC in the United Kingdom, Peter Griffith, spoke to the team at Outlook to share insights from his work. The RTC Team also hosted a visit from the HHR Board of Directors. This visit was an excellent opportunity for the Board to hear directly from frontline staff and to see first hand the dedication and leadership of staff in shaping the quality of patient care provided by HHR.

The team at Outlook is about halfway through their RTC work and is looking forward to realizing more gains and accomplishments in 2011 – 2012. Implementation of this transformational change initiative is proving to be a worthwhile quality improvement process. The challenge is to maintain momentum through the learning curve so that front line staff have the data and facilitation to make evidence based decisions.

LEAN

Heartland Health Region continues to move forward in achieving its **Strategic Plan Goal PR1b** “Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies” through a multi-year strategy focused on patient journeys.

In 2010-11 Heartland Health Region targeted efforts on three Lean improvement initiatives that were led by front line staff and supported by the Quality Services Department. These initiatives touched four client streams and included front-line staff from nursing, pharmacy, dietary, lab/xray, client care coordinators, home care, housekeeping, maintenance, management and physicians.

The region provided training for 14 staff as Lean Improvement Facilitators to begin building internal capacity for system wide performance improvement and creating a culture of quality. Front line staff who attended the Lean training sessions were provided with training and education in Lean principles, improvement tools, systems thinking (how one process affect another), change management, communication and teamwork. These training sessions provided staff with the knowledge and skills to work collaboratively with their colleagues on improvement projects, engaging their co-workers in quality improvement with a better patient/client experience as an outcome.

Medication Administration from Point of Admission to Discharge Value Stream

The Medication Administration Process from Admission to Discharge Lean Value Stream Mapping that was facilitated by a consultant from the Kizzen Institute in April 2010 was aimed at reducing medication errors from point of admission to discharge in the Acute Care and Long Term Care client stream. The overall goal of this lean project was to increase patient safety, reduce unintentional discrepancies, decrease response time, prevent and reduce readmissions and ensure safer patient transitions resulting in continuity of care, developing standardize work and increasing client engagement and compliance.

An implementation plan was developed to improve the system from the patient's perspective, reducing waste and errors in the system. Staff have implemented standardized processes, eliminated steps, re-designed processes to eliminate re-work and save time resulting in a set of processes that works towards delivering exactly what the patient requires at the right time in a safe, reliable and effective way.

Improvement in this process is ongoing and are supported further by improvement initiatives utilizing the *Safer HealthCare Now!* Medication Reconciliation “Getting Started Kit” and Accreditation Canada Standards and Required Organizational Practice Guidelines.

Laundry Services

In January 2011 work commenced on improving Laundry Services in three facilities (one Acute, two LTC) with an aim to reduce laundry pounds/client/day by 15% by June 30,

2011. Successes realized were a reduction in inventory, storage space was freed up and standardized work procedures were developed for stocking and linen usage all which will result in a reduction of costs and more effective use of staff time.

Regional Long Term Care Placement

A value stream map of the Regional Long Term Care Placement Process was completed in January 2011. The team is working on developing an improved process that will provide improved efficiency and effectiveness of the LTC placement process for clients, families and staff by reducing the amount of time it takes to complete the process, eliminate unnecessary steps for clients/staff, eliminating redundant paperwork and re-works and improve communications (content and tools) to families and clients, eliminating repeat communications.

Patient Safety Week (Nov 1-5, 2010)

The Region once again participated in the Canadian Patient Safety Week November 1-5, 2010 and this year the theme was, "Ask, Listen, Talk". The focus of the week was to raise awareness about the "Knowledge Is the Best Medicine" booklet. This booklet helps individuals keep track of their medication, while also promoting the involvement of individuals in their health care.

To raise awareness about safe medication practices, letters and supporting information were circulated to staff, pharmacists, physicians and patients. Local promotional radio announcements started the first week of November and continued throughout the month.

Infection Control

The Infection Prevention and Control program continues to evolve in Heartland Health region under the guidance of the Infection Control Practitioner and the support of other regional programs. A general summary over the past year is included below:

The hand hygiene auditing program has been fully implemented in every site and quarterly reports of compliance are being shared with the entire region. Educational opportunities are realized through areas of poor compliance and educational messaging is being relayed by the hand hygiene auditors.

All Infection Prevention and Control policies and procedures have been reviewed and updated according to national, international, and provincial best practice guidelines. All community identified MRSA clients are provided with a notification letter with prevention strategies to prevent the spread of their MRSA.

The Infection Control Practitioner is a key partner along with the Public Health Nurse Clinical Supervisor, the Medical Health Officer and the Public Health Inspectors in managing facility outbreaks in an effort to mitigate the impact of any type of outbreak.

In regards to the reprocessing of medical devices within the region, much progress has been made in an effort to move to a centralized system. Policies and procedures have been developed to ensure best practices are being followed at the sites where reprocessing occurs and a Subcommittee continues to review the final recommendations

on the location of a centralized system. The Infection Control Practitioner and the Central Sterilization Technicians work collaboratively in reviewing and striving to meet the Canadian Standards Association and Accreditation Canada recommendations on reprocessing.

Providing Information Services

The Heartland Health Region Information Systems department continues to play a major role in facilitating a high performing, sustainable patient centered health care system.

Key stepping stones were met this year to bring Heartland one step closer to implementing an integrated Electronic Health Record (EHR). We currently have six of the seven acute sites (Unity, Biggar, Rosetown, Kerrobert, Kindersley, Outlook) using the Client Patient Indexing (CPI) system which is the initial step in the EHR. The region supports several provincial EHR initiatives by participating in procurement, evaluation, and selection processing. Heartland is currently piloting the PHC system which has been rolled out in Beechy, Lucky Lake and Kyle to provide the physicians with an Electronic Medical Record (EMR). The Pharmaceutical Information Program (PIP) has also been rolled out in Home Care, Acute sites and the Health Centres. This program allows physicians, nurses, and EMS staff to access current medication history to minimize the risk of adverse medication complications. It is now required that all acute patients have a PIP printed to check for potential medication reactions.

Heartland is part of the Provincial phase two of the Radiology Information System (RIS) and Picture Archiving Communication System (PACS). The RIS is used by the Medical Imaging Department for patient scheduling, exam management and results reporting. The electronic process will enhance results reporting turnaround time and print quality. The PACS is a secure provincial archive for the storage, retrieval and display of digital diagnostic images and reports of general x-ray, ultrasound, CT, MRI, mammography, nuclear medicine and bone density examinations. Together, the RIS and PACS link medical digital images with interpreted results, making the full exam information available in the PACS through secure networks to authorized users within the hospital, or remotely in community clinics or provider offices across the province. Once these systems are fully implemented, film will no longer be printed for medical images. All images and reports will be available using a computer to access PACS. PACS will be implemented in the five Heartland Health Region facilities in June 2011. Future sites will be reviewed every September to assess readiness.

Telehealth in Heartland continues to grow into 2010-2011. In addition to our original four sites we now have a second site in Kindersley as well as 2 new sites in Biggar Hospital and Davidson Health Center. Over the past year we have facilitated 84 clinical sessions, including both clinical consults and clinical education for our residents of Heartland Health Region. These include Genetics, Memory Clinic/Neurology, Pediatric Surgical, Joint Replacement education, Special Needs education and case conferences with the Kinsmen's Children's Center in Saskatoon, discharge planning and many more. At the end of this fiscal year we facilitated a Wound Care consult with a specialist in Saskatoon which was a pilot for a future provincial program out of Saskatoon Health Region. We have offered 626 educational sessions, including 50 to the public which was an increase

over last year by 112 sessions. We were able to offer a very successful educational session (Canadian Triage and Acuity Scale Training) to our nursing staff in Heartland as well as to other provincial Telehealth sites. We accommodated 203 meetings and/or informational sessions which was an increase of 110 sessions over last year. With the help of our new Telehealth Advisory Committee which was developed in 2011, we will develop and submit a strategic direction closely linked to both the provincial Telehealth strategic plan and Heartland Health Region's strategic plan. This will allow us to expand our Telehealth program increasing opportunities to improve access for patients through improved and expanded clinical applications, education for our staff hosted both from within Heartland and from outside of our health region.

We are always working to improve our network infrastructure to ensure we maintain patient confidentiality and integrity of our data. Several advancements were made in order to guarantee our current service levels and improve system processes. One of the projects this year was to upgrade our current backup system to ensure our data is protected in the event of a disaster. We also continue upgrading our computers to ensure we can maintain adequate access to clinical systems.

Family Centres

Heartland is an active participant in the intersectoral partnerships in Unity, Biggar, Kindersley and Rosetown for the development of family and community resource centres. The focus of each centre varies in response to the needs of each community.

Literacy

The West Central Literacy Committee is a partnership between Heartland, Central Connections Management Inc, the Great Plains College, KidsFirst, Sun West School Division, West Central Early Childhood Intervention Program, Wheatland Regional Library and community literacy advocates. The Committee promotes the importance of literacy through all stages of life. WCLC's activities for the past year include:

- Organization and distribution of the "Books for Life" program, which provides age appropriate books for newborns and their families.
- Development of "Making Healthy Food Fun" toolkits. The kits were targeted to pre-school aged children and promoted eating healthy and being physically active, while promoting family literacy concepts.
- Provided opportunities for community members to attain literacy training.
- Held a regional literacy conference in Rosetown in June, 2010. The conference's purpose was to link regional literacy advocates, create capacity for attendees to share with their communities and provide literacy training.

Environmental Services – Housekeeping & Laundry

Throughout the past year we have continued to develop strategies to ensure our facility environments throughout the region are safe, clean and that we continue to follow best practices, infection control and Occupational Health & Safety guidelines.

The housekeeping and laundry departments have been working on the following improvement initiatives:

- Implementing best practices focusing on resident/patient/client and staff safety.

- Developed policies and procedures to support best practice.
- Creating and implementing auditing processes based on best practice.

Laundry

- Installed auto dispensing system and standardized the chemicals being used in our laundry departments.
- Completed work and implemented improvements on a laundry lean initiative in the two facilities in Rosetown.

Housekeeping

- Implemented a microfibre cleaning system in all of our facilities in the region.
- Installed auto dispensers and standardized our disinfectant products in the region.
- Continue to investigate and purchase products that are scent free and environmentally friendly.

We will continue to focus on quality improvements, to ensure our continued support of a safe and healthy workplace.

Emergency Preparedness

The Emergency Preparedness Plans were completed for the Kindersley Health Care Facility, the Rosetown Health Care Facility and the Outlook Health Care Facility. As well, draft Emergency Preparedness Plans were developed for both the Outlook Sub Office and the Kindersley Corporate Office to be finalized this coming year. Business Continuity will be included in the plans for both offices.

The format and content of the Emergency Preparedness Plan manuals were reviewed and revised to make them lean. As well, both the Rosetown Corporate Office and the Kerrobert Health Care Facility went through a process to review and revise the codes for their facility. This process will continue on with other facilities in Heartland Health Region in the coming year.

The following codes were revised to align with HHR Incident Reporting: Code Accidental Death; Code Serious Injury; Code White and Code Purple

There has been orientation to Emergency Preparedness for the new managers twice in the past year. There was also a session conducted for Senior Management to make them aware of their roles and responsibilities in the Regional Health Emergency Operations Centre as defined in the Incident Command System.

Public Health Inspection

The Public Health Inspection program (PHI) provides a diverse level of services to the health authority's population. In addition to the traditional activities associated with PHIs, such as restaurant inspections, other services such as public water inspections, plumbing and sewage inspections, communicable disease and animal bite investigations continue to be offered and improved.

The public health inspection program has staff members located in Outlook, Rosetown, Kindersley Unity and Biggar. Strides within the program continue to be made. Improved staffing quality and continuity has allowed progress to continue in the administration of the Public Health Inspection program.

The Program has seen improvements in both the inspection rate and the correction of outstanding issues in the facilities inspected by our program. The license and approval procedures for these facilities have undergone refinement.

The number of inspections conducted by the program has increased. The number of inspections for facilities licensed by the region is captured in the following table. Inspection rates have improved dramatically within the last few years. This success is attributable to the consistency of staffing within the program

Table 4: Summary of Public Inspection Levels for Licensed Facilities

	2010-2011		2009-10		2008-09	
	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)	# of Facilities	Inspection Rate (%)
FEE – Food Eating Establishment	337	100	330	99.6	351	82
FPL – Food Processing (Licensed) BS and Abattoir	25	96	25	100	31	84
LA – Licensed Accommodations	122	90	122	88	119	80
SP – Swimming Pools Whirl pools and Paddling pools (Licensed)	25	100	25	100	32	95
Public Water Supplies	73	100	86	94	82	78

Public water inspections are a crucial portion of the PHI program. This year 15 Precautionary Drinking water Advisories (PDWA) and five Emergency Boil Water Orders (EBWO) were issued. Improvements in sampling regiments, issuance of Precautionary Drinking Water Advisories (PDWAs), tracking of samples and approval process were attained. The following table outlines the Precautionary Drinking Water Advisories (PDWA) and Emergency Boil Water Orders (EBWO) issued this year.

In effect on prior to Mar 31, 2010			Added during reporting period			In effect on at end of reporting period		
PDWA	EBWO	Total	PDWA	EBWO	Total	PDWA	EBWO	Total
4	0	4	15	5	20	6	1	8

There has been a reduction in the attendance and the number of courses offered this year by the PHI program. Our staff held two Swimming Pool Operator Courses which were attended by 28 students. Our program delivered nine Food Handler Courses to 216

individuals. We now are offering an online course for food handling training and 17 individuals have completed the course. We also mentored three food handling courses in High Schools with 52 students. Unfortunately, several courses were cancelled due to low enrollment rates. The reduction in the number of Food Handling Courses held and students trained is a reflection of the level of training provided in recent years.

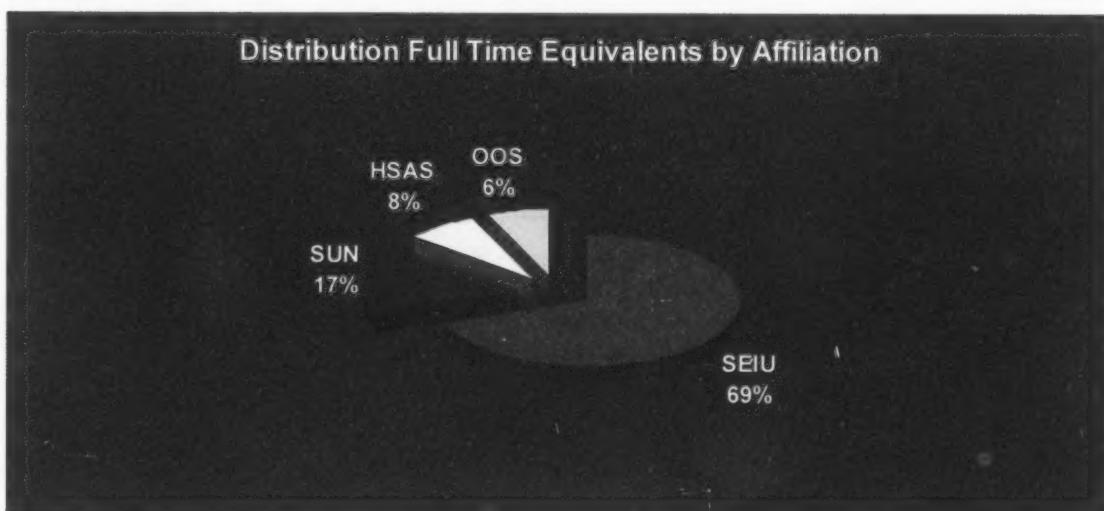
Compliance with the Tobacco Control Act among inspected public facilities in Heartland remains high. No tickets were issued this year for failure to comply with the smoke-free provisions of the Tobacco Control Act within the region.

Enhancements to the Public Health Inspection website have been undertaken to improve public access to program and general public health information. Further upgrading to this site is continuing on an ongoing basis.

Pillar Three - Providers

The Heartland RHA and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,870 people in positions equalling 1,095.17 Full-Time Equivalents (FTEs) in 2010-11 (Figure 6). The majority of employees (756.73 FTEs) belonged to the Service Employees International Union (SEIU), while 184.41 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 83.08 FTEs and 70.95 FTEs, respectively. The region was home to 28 physicians on March 31, 2011.

Figure 14: Distribution Full Time Equivalents by Affiliation



Retention and Recruitment

SUN Partnership

A Joint Saskatchewan Union of Nurses (SUN) and Heartland Health Region (HHR) Retention & Recruitment Committee has assessed the need for additional SUN staffing.

The Joint Committee identified additional SUN staffing needs based on current and projected service or utilization pressures as well as opportunities to enhance nursing and care programming within Heartland. Discussions also included Provincial priorities and issues related to surgical wait lists and programming in Primary and Community and Public Health Nursing. Based on these discussions, the need for more nursing staff to reflect the increased complexity of Regional service provision was identified and new SUN positions were created and have increased our RN FTEs are as follows:

- 2.0 FTE Nurse Practitioners for the communities of Rosetown & Kindersley (vacant)

- 7.0 FTE RN relief positions each at Heartland's seven acute care sites (Kindersley, Rosetown, Outlook, Unity, Kerrobert, Biggar and Davidson). The Kindersley and Rosetown RN relief positions include qualifications related to surgical programming to support the surgical services in these sites
- 3.25 FTE RN relief positions in Eston, Elrose, Wilkie, Kyle and St. Joseph's Health Centres.
- 1.0 FTE Chronic Disease Nurse
- 1.0 FTE Clinical Improvement Facilitator (to support RTC™ and quality improvement initiatives)
- 1.0 FTE Community Mental Health Nurse for the community of Outlook
- 0.5 FTE enhancement to the Diabetes Nurse Educator positions
- 1.0 FTE Employee Wellness Nurse – Regional position based in Kindersley

There were a total of **16.75** new FTEs created in 2010-11. It is important to note that the Region has not been able to fill all of the new positions created and continues recruitment efforts for any vacancies.

Clinical Placements

The Health Region provided 44 clinical placements for students in a wide variety of settings. This is an important recruitment strategy for our region as it highlights the positive aspects of living and working in Heartland. Heartland supported a total of 14 clinical RN practicums. Four of these nursing students have secured employment with the region this past year. We also supported the practicums of seven LPN students at a variety of locations and have employed 1 of these students. This past year we also hired one of the Dieticians who did a placement with us during their studies!

This year the region hosted nine first-year medical students to complete clinical observerships through the Community Experience Program. Five towns participated in the program; Biggar, Davidson, Kindersley, Rosetown and Outlook.

This year we continued to recognize the work of the preceptors in the region. Preceptors were awarded a thank-you letter from the CEO and a gift. It is recognized that a positive experience with a preceptor is central to ensure a positive experience for the student and to ensure quality training for future health professionals.

Employee/ Physician Recognition

The 2010 Employee and Physician Recognition Events were a success in the month of June. There were 288 of the total 1,772 employees and 26 Physicians of Heartland Health Region recognized for their years of service in our Region. Each employee who reached a milestone with the region was given an award with a letter of recognition from the CEO, Gregory Cummings.

The region offers years of service awards in five year increments. The region had the following number of staff receive long term service awards this year: 73 people received 5-year recognition, 55 people received 10-year recognition, 47 received 15-year

recognition, 54 received 20-year recognition, 29 received 25-year recognition, 18 received 30-year recognition, nine received 35-year recognition and three received 40-year recognition. These are accomplishments worthy of celebration!

Education

If you are a user of our healthcare services – you expect that the healthcare staff who work in our programs have the knowledge and skills to provide you with the treatment services and safety you need.

Staff in Heartland continues to participate in training and in-services that allow them to maintain and enhance their knowledge and skills. Some sessions require mandatory participation because of legislated requirements for safety of both staff and clients by various agencies and licensing groups. Some are strategically planned by our region identified on specific client need and feedback from initiatives such as Patient First. Other sessions are identified by staff themselves as desired for their own knowledge and skill enhancement.

The need to travel to access specialized education, and time and availability of staff to attend sessions are ongoing challenges, especially when weather and road conditions prevent the travel, and staffing challenges prevent time away from their regular work shifts. Continuing Education services are always looking for ways to improve access and provide timely education.

Some examples of the initiatives from 2010-2011:

- New Hire Orientation – newly hired staff attend three days of education designed to deliver required safety education, and to help them become familiar with Heartland services and expectations. This is in addition to on-site and specific position specific education.
- Clinical Nursing Educators – Four positions within the region provide clinical education to our nursing staff at work for improved access and less time in travel. They also were able to develop education components that met the specific needs of staff based on the services they are required to provide at their sites.
- Support for education – This past year, 100 staff applied for and were provided with financial assistance through a new annual bursary program that was made available to all staff of the region to assist with attendance at events that they personally felt would be beneficial to them.
- Client Safety and Excellent Service – The region introduced the addition of an extra day to the new hire orientation to include sessions on service excellence and expectations, and putting regional values in action for positive workplaces and teamwork that will better serve our clients. In addition, a strategy to inform and provide training about service expectations was initiated and delivered to 77% of our existing staff. Quality Services staff and Clinical Educators collaborated to assist in the provision of staff in-services on falls prevention, medication reconciliation, and infection control. Quality Services and OH&S staff collaborated on in-services for staff to begin the introduction of an improved incident management process. This

will assist staff to identify and develop preventative actions to increase safety in our sites.

- Using Technology to provide better access – Telehealth and videoconferencing ability at sites were expanded this year with the addition of two new sites within the region, and are utilized by clinical nursing educators, and provincial trainers to provide education and information to staff. This continues to increase the access and availability for staff

Volunteer Services

If you needed:

- a nutritious meal delivered to your door to assist in you to stay healthy and in your home longer...
- transportation from your community to a specialist appointment in the city and you or your family are unable to provide it...
- community contacts and services which you can no longer easily access due to personal health challenges or conditions...
- emergency medical assistance in an isolated area of our region...

...You might be receiving the services of one of the over 1,200 volunteers in Heartland.

Volunteers and the services they provide are present through the time and gifts of individuals and service groups in almost every health service program. Volunteer resource capacity and availability in the past year, due to the aging population in the health region, continues to present challenges in meeting client expectations and demands in some services such as Transportation and Meals on Wheels.

Figure 15: Rosetown Volunteers

Youth involvement continues to provide enhancements to our programs as well as a way to initiate and foster our youth into the spirit of giving and contributing to community.

We are very grateful for the collaborative relationships with individuals, service organizations and businesses in each of our communities that enable us to provide for our clients' needs.



Occupational Health and Safety

A safe and healthy workforce means our employees are ready and able to provide patient centered care in our region. We continue to work toward eliminating or reducing the risk of harm to clients and employees from hazards in the workplace by ensuring all components of our safety management system is working. Our culture of safety supports

our belief that we can provide service excellence safely and that workplace incidents are preventable.

A safe and healthy workplace is achieved by maintaining existing programs that reduce risk of harm, supporting our Occupational Health Committees (OHC) in their activities and identifying initiatives for improvement.

Safety programs such as Transfer, Lifting, and Repositioning (TLR) and Respiratory Protection continue to minimize the risk of injury/illness to employees and clients. Our OHCs include both front line employees and management staff who inspect the workplace for hazards and identify opportunities to reduce their risk, investigate incidents and develop related corrective action and provide input into improving safety.

Occupational Health and Safety New initiatives in 2010-2011

- **Injury Reduction Strategy** - The HHA board approved a three year injury reduction strategy for Heartland Health in August of 2010. The strategy identified initiatives that will be implemented over the next several years including communications, leadership and hazard based programs.
- **Safety Management System (SMS) for Health Care** - The Safety Management System for Health Care standard identifies best practice for managing safety in health care and was developed by OHS and Health professionals across Saskatchewan. HHR began implementing the Safety Management System Standard for Health Care. This includes revising existing programs and policies to ensure compliance and implementing new components.
- **Smart Moves** builds on the existing TLR program and provides additional risk assessment tools to employees in planning their lift, transfer and repositioning tasks. The region completed training the TLR coaches in this component and implementation at the facilities has begun.
- **Incident Management Process** - An integrated incident management system that includes both clients and employees allows a more consistent response when an incident occurs and ensures that preventative actions are identified and implemented to reduce the risk of reoccurrence.
- **Powered Mobile Equipment** - The region implemented a training process for powered mobile equipment used by staff to ensure they are competent to operate it safely and in compliance with OHS legislation.
- **Respirator Fit testers** - Respiratory protection reduces the risk of exposure to clients and employees from air and droplet born contaminants that can cause illness. The region trained an additional eight employees to fit test HHR employees on respirators and provide instruction in their proper use.
- **Employee Wellness Nurse** - A position was created and filled in March 2011. This role supports employees in maintaining a safe and healthy lifestyle so they are ready and able to provide patient centered care.
- **Workplace Violence** - To reduce risk of harm to clients and employees and promote a respectful workplace for all, the workplace violence policy has been revised and includes more comprehensive facility security requirements, procedures and processes.

Falls Reduction and Injury Prevention

2010 saw the beginning of a LTC falls reduction and injury prevention in HHR with a pilot project in the Dinsmore facility. As the program was revised, roll-out and implementation began in the other Primary Health Service Areas (PHSAs): Rosetown (Oct 2010), Unity (Feb, 2011) and Kindersley (April 2011). The fourth PHSA, Outlook, is set to come on board in June, 2011.

We were able to meet the Ministry of Health's target of 50% of LTC facilities having a falls program implemented by March 31, 2011 and will be on target to meet the goal of the remaining 50% by March 31, 2012.

With recommendations from Accreditation Canada, there has been an expansion of falls programming to include development in home care, acute care and community. As of writing this report, these programs are in various stages of implementation i.e. pilot projects in home care and acute care have been completed and plans have been developed for roll-out and implementation in the other respective sites. There have been a variety of programs already done in community so the focus now is on coordinating these programs to develop a regional community strategy.

A Regional Falls Reduction & Injury Prevention committee oversees these four streams for falls reduction and injury prevention. Included in their goals is the review of data/measurements that are collected to evaluate the effectiveness of the programs and to make adjustments as necessary.

Creating Healthier, more Effective Workplaces

Active Living Committee

The Active Living Committee is a partnership between multiple departments within Heartland, Pharmasave and the Rivers West District for Sport, Culture and Recreation. As a means to promote active living, while also addressing healthy lifestyle choices in a holistic manner, the Active Living Committee organized a School of Wellness community challenge between Rosetown and Kindersley. The program consisted of weekly sessions to promote physical activity, educational sessions on healthy lifestyles and building support systems.

Workplace Wellness

Staff from multiple Heartland departments are partnering on the development of a regional Healthy Workplace Committee. To further promote workplace health, Heartland provides the Healthy Workplace Grant, which assists employees at Heartland work sites to promote healthy work environments.

Regional Dietary Services

Three new dietary departments are being designed in Biggar, Kerrobert and Rosetown. Burnstad Consulting Ltd. is designing the kitchen layouts in consultation with facility staff. A significant number of new Capital Equipment purchases over the year have improved meal service. There have been three dietary departments in the region that have orientated new Head Cooks. The hiring of several Journeyperson Cooks has relieved staff shortages that have been long standing.

Pillar Four - Sustainability

Transparency and Accountability

Improving transparency and accountability has been a key focus for the region this year. Measures for both progress and outcomes were established to better monitor and assess effectiveness and value for return.

Heartland shared critical information to help the public understand issues affecting the delivery of health services and programs in the region. Monthly meeting of the Authority are open to the public, and local media regularly attended and reported on decisions and discussion. A media release issued following each regular Authority meeting highlighted discussions, decisions and presentations. The region also published all public documents, as well as various regional documents on its corporate website.

Risk Management

A robust Risk Management process helps ensure effective reporting and compliance with laws and regulations and helps avoid damage to the entities reputation and associated consequences. The process helps the organization get to where it wants to go and avoids pitfalls and surprises along the way.

The region adopted an indicated Risk Management program and corporate risk profile in 2008. The intent was to identify, analyze, intervene and evaluate actual or potential business, clinical and operational risks through risk avoidance, reduction, retention or transfer techniques.

The program was established to report on various aspects in a forward manner on three areas of risk: Business Risk, Resource Risk & Compliance Risk.

The report format and structure has recently been revised and a schedule created for inclusion into the Board reporting.

The specific areas to be reported on in each quarter have been assigned and will be compiled by the Quality Portfolio.

HIROC Risk Management Self Appraisal modules were completed over a number of months between 2008 and 2009. The questions provided an opportunity for Program Leads to be challenged to examine their policies and practices against Canadian Claims experience and leading practices. Based on this review each program area was able to identify their top three priorities to complete and provide focused areas of improvement.

The assessment process is now three years old and taking into account the pace of change in health care, the Region will be assessing the need to undergo another self assessment process.

At a provincial level, Risk Management has been discussed within the shared services context. The Region has participated in the shared services meetings and has had consultations in the areas of Privacy, Quality and Risk Management.

The revised incident report is one example of focused effort to reduce risk and to improve quality of services. It provided an integrated report (staff, others and patients). This integrated document is being implemented in the various sites and will continue into the 2011-12 fiscal year.

A plan to improve how incident reports are completed, analyzed and action taken (QI) is being developed. The process will be monitored by the Vice President of Quality Services to ensure the initial process is tested and modified to provide as much local Quality Improvement and Root Cause Analysis as possible. This local investigation and suggestion for improvement will engage staff in the process of redesigning the processes needed to provide a safer environment for all. (Goal P1)

Improved Safety and Surgical Equipment

2010-2011 is the last year of a four-year program to receive funding specified for improved safety. Over the four years Heartland Health Region received funding for safe lifting equipment in the amount of \$849,165. These funds were used to purchase over 30 Acute and Long Term Care Beds, various kinds of lifts, bariatric equipment, ceiling track systems, and tub chairs.

Our Strategic Goals

- IP1.** People have timely access to Primary Care services and supports which meet/exceed their expectations and are anchored by evidence-based, collaborative practice.
- IP2.** Seniors and others have access to a continuum of care which is timely, meets their expectations, and is delivered to a common standard/philosophy of care, defined by best practices.
- IP3.** HRHA and Partners improve the health status of the population through healthy living, safe environments, communicable disease control, and population health competencies, capacity, and coordination.

"PR" - Processes

PR1. Leverage best practise to improve operational and service excellence in the design and implementation of the new Primary Care approach.

PR1a. Re-design processes to achieve accreditation standards and service excellence

PR1b. Achieve and demonstrate system-wide performance improvement through the adoption of LEAN and other quality improvement methodologies in creation of new Primary and Long Term/continuum of Care models

PR2. Implementation and use of common patient Electronic Health Records across care teams, while ensuring appropriate patient privacy and confidentiality.

"P" - Providers

P1. Build a healthy workplace that supports safety for all and quality client care

P2. HRHA has the right talent in the right places at the right time to ensure effective implementation of care models plus provision of support services. Facilitation and training in the area Team skills and Communication is provided to advance collaboration, creativity/innovation, and excellence in patient care.

P3. Health service providers have a personal commitment (engagement) in creating and working in a caring environment that provides exceptional service.

Sustainability

S1. Key measures of success are developed in alignment with strategic goals. Corresponding actions cascade to work teams to provide context for budgeting, decision-making, motivation/passion; regular review throughout the year to ensure financial management, client care and goal achievement; then criteria-based annual assessments and accountability reporting.

S1a. Develop and implement an organizational performance management system.

S1b. Enhance capacity of financial management

S2. The health system has the required on-going resources, equipment, and capital

The revised incident report is one example of focused effort to reduce risk and to improve quality of services. It provided an integrated report (staff, others and patients). This integrated document is being implemented in the various sites and will continue into the 2011-12 fiscal year.

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“IP” - Health of the Individual & Population

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“PR” - Processes

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 - PR1a.** Re-design processes to achieve accreditation standards and service excellence
 - PR1b.** Achieve and demonstrate system-wide performance improvement through the adoption of LEAN and other quality improvement methodologies in creation of new Primary and Long Term/continuum of Care models
- PR2.** Implementation and use of common patient Electronic Health Records across care teams, while ensuring appropriate patient privacy and confidentiality.

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“S” - Sustainability

- S1.** Key measures of success are developed in alignment with strategic goals. Corresponding actions cascade to work teams to provide context for budgeting, decision-making, motivation/passion; regular review throughout the year to ensure financial management, client care and goal achievement; then criteria-based annual assessments and accountability reporting.
 - S1a.** Develop and implement an organizational performance management system,
 - S1b.** Enhance capacity of financial management
- S2.** The health system has the required operating resources, equipment, and capital.

2010 – 2011 Performance Results

The *Regional Health Services Act* defines the relationship between the Heartland Health Region, the Minister of Health, and the Ministry of Health. On an operational basis, the Accountability Document provides direction. The Accountability Document provides a substantial number of reportable indicators, which help to monitor progress in achieving health goals and that serve to identify priority areas for the region. The main source of data for the RHA information is provided from the Ministry of Health or Health Quality Council. Indicators that are not relevant to RHA have not been included in this Summary.

Pillar One – Health of the Individual -

Improving the Health of the Individual, Families and their communities and providing clients with the best possible care experience

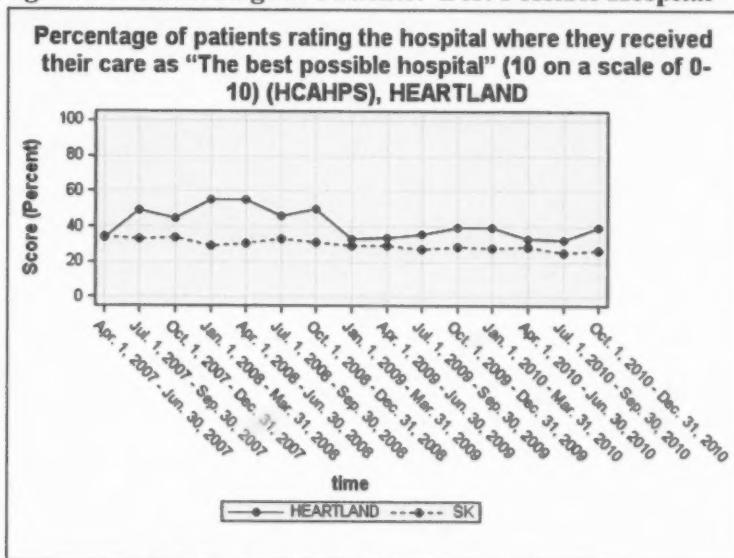
The Voice of the Customer

Heartland Health Region continued to participate in the Health Quality Council's Acute Care Patient Experience Survey. This survey evaluates the quality of inpatient acute care by asking clients about their overall experience in our acute care facilities – questions regarding communication, care, environment, and overall experience. The results provide the region with the ability to hear the voice of our customers with the intention of improving patients' experiences with care.

“The best possible hospital” is a measure of the proportion of patients who rate the hospital where they received their care as a 10 on a scale of 0-10. Heartland wants to provide the best care to patients. This measure lets us know how we are doing overall. Throughout the entire timeframe (2007-2010), Heartland had a higher percentage than Saskatchewan overall. However recent years have seen a decline with Heartland.

Majority of patients rating the hospital where they received their care as "The best possible hospital" (10 on a scale of 0-10)

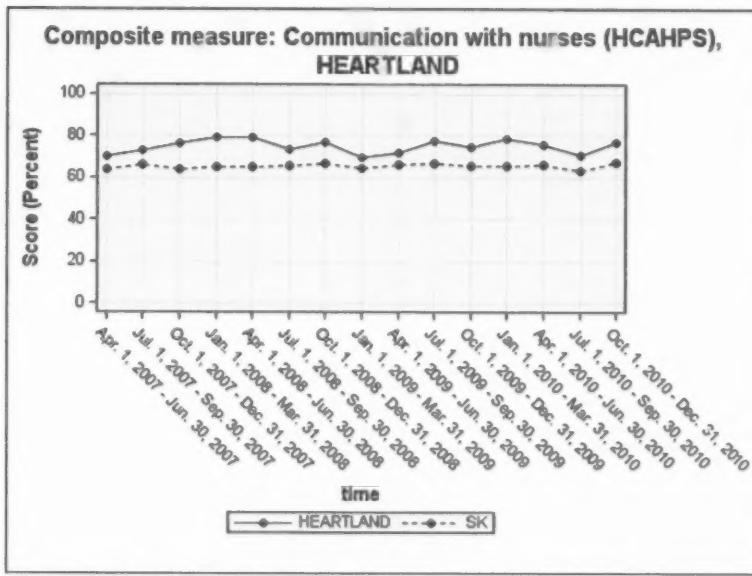
Figure 16: Percentage of Patients: Best Possible Hospital



Source: Health Quality Council. Quality Insight 2010 figures and tables. Available: www.hqc.sk.ca. Accessed May 31, 2011

A decline was also seen at the provincial level. The target for the province was set at 38.37% and Heartland exceeded this target with a score of 39.1%.

Figure 17: Communication with Nurses



Source: Health Quality Council. Quality Insight 2010 figures and tables. Available: www.hqc.sk.ca. Accessed May 31, 2011

When it comes to patient satisfaction, one of the most important contributing factors is the communication patients receive from their nurses. The composite measure "communication with nurses" shows the percentage of 'always' responses to three questions: "How often did nurses treat you with courtesy and respect? How often did

nurses listen carefully to you? How often did nurses explain things in a way you could understand?" Looking at the results, Heartland has had a higher percentage on this indicator than Saskatchewan overall for the entire timeframe. The proportion answering 'always' has varied between 70% and 80%, while provincially the percent has been consistent at approximately 65%.

Targets for Surgery

In 2010-11, seven less surgeries were performed in the health region than were performed the previous year; however, this was still sufficient to exceed the target established by the Province.

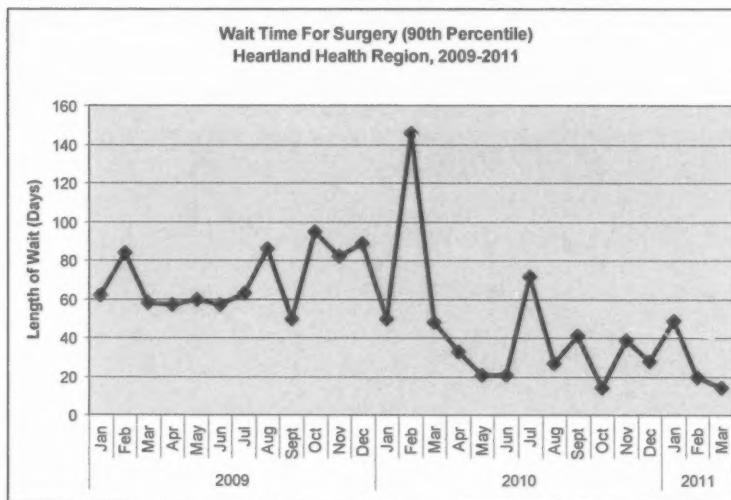
In 2010-11, HHR decreased the overall number of people waiting for surgery from 37 on March 31, 2010 to 12 on March 31, 2011. Of those 12, only one had already waited more than 12 months and none had waited more than 18 months.

Surgery Wait Times

Wait Time for Surgery (90th Percentile)

"The 90th percentile wait time for surgery provides an indication of the length of the wait time for those patients who are among the longest waiters and provides information about the timeliness and accessibility of the system" (Health Quality Council, 2011). The data presents the number of days by which 90% of patients have had surgery performed.

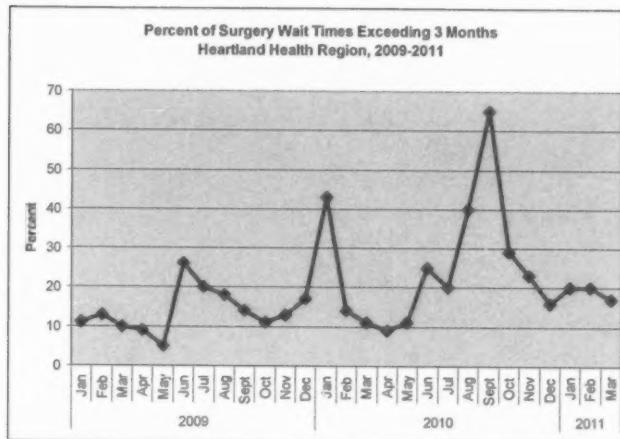
Figure 18: Wait time for Surgery (90th percentile)



Source: Health Quality Council. Quality Insight. Available: www.qualityinsight.ca. Accessed June 2, 2011.

Since 2009, Heartland Health Region has seen an overall decline in the number of days patients are waiting for surgery, from just over 60 days in January 2009 to under 20 days in March 2011. Throughout the timeframe, however, there has been a great deal of fluctuation in this value.

Figure 19: Percent of Surgery Wait Time exceeding 3 months



Source: Health Quality Council. Quality Insight. Available: www.qualityinsight.ca. Accessed June 2, 2011.

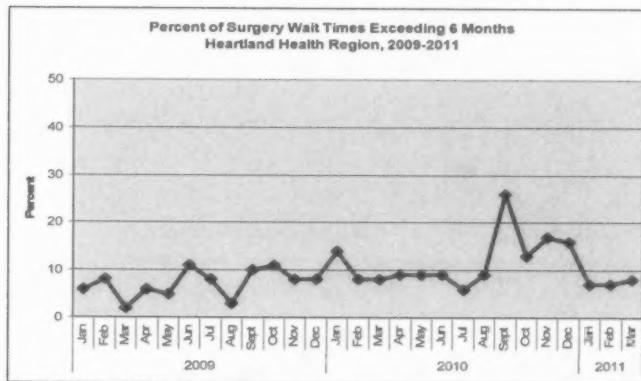
Percent of Surgery Wait Times Exceeding Three Months

This indicator presents the percentage of Heartland patients waiting for surgery that have been on the wait list for more than three months and have yet to receive their surgery. In Heartland Health Region, the percentage of patients waiting longer than 3 months for surgery has been variable through each month. In general, an increase of around 10% has occurred since 2009. The majority of the time, less than 30% (most often less than 20%) of patients waited longer than 3 months. However, spikes in the proportion did occur in June 2009, January 2010, and August/September 2010 where the percent was highest at ~65%.

Percent of Surgery Wait Times Exceeding Six Months

This indicator shows the percentage of Heartland patients waiting for surgery that have been on the wait list for more than 6 months and have yet to receive their surgery. From 2009-2011, the proportion of patients in Heartland waiting longer than six months for surgery has mostly been around or under 10%. An increase to ~26% occurred in September 2010, but dropped back to regular percentages in the following months.

Figure 20: Percent of Surgery Wait Times exceeding 6 months

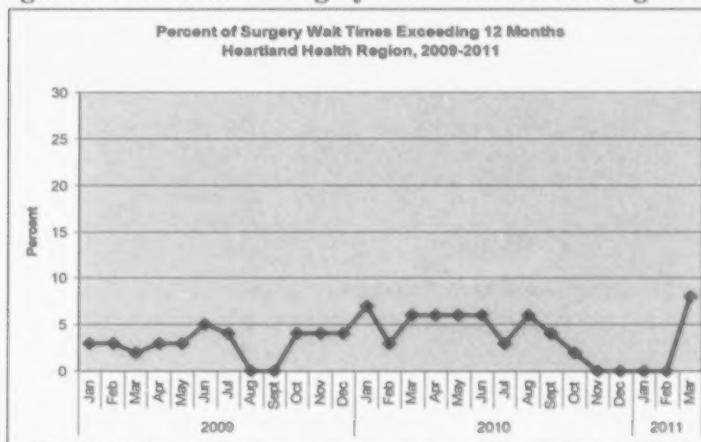


Source: Health Quality Council. Quality Insight. Available: www.qualityinsight.ca. Accessed June 2, 2011.

Percent of Surgery Wait Times Exceeding 12 Months

The following indicator shows the percentage of Heartland patients waiting for surgery that have been on the wait list for more than 12 months and have yet to receive their surgery. From 2009-2011, the proportion of patients in Heartland waiting longer than 12 months for surgery has for the majority of the time been under 5%. An increase to ~8% occurred March 2011, but will likely fall back under 5% in ensuing months.

Figure 21: Percent of Surgery Wait Times exceeding 12 months



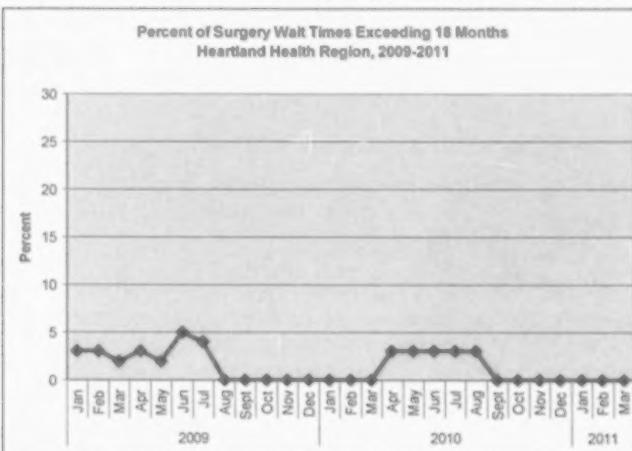
Source: Health Quality Council. Quality Insight. Available: www.qualityinsight.ca. Accessed June 2, 2011.

Percent of Surgery Wait Times Exceeding 18 Months

This indicator shows the percentage of Heartland patients waiting for surgery that have been on the wait list for more than 18 months and have yet to receive their surgery.

Throughout the time period, the percent of Heartland patients waiting longer than 18 months for surgery was always less than 5%. In many of the months, there were no patients waiting. Since September 2010, the percentage has been 0%.

Figure 22: Percent of Surgery Wait Times exceeding 18 months



Source: Health Quality Council. Quality Insight. Available: www.qualityinsight.ca. Accessed June 2, 2011.

The Region's surgical programs are available in Kindersley and Rosetown and include services by both Local and Itinerant (visiting) surgeons who provide a range of surgical and diagnostic procedures including General, Orthopedic, Gynecological, Urological and Diagnostic Endoscopy. The Regions Operating Rooms are utilized for booked surgical procedures on an average of twelve to thirteen days per month and are available 24 hours a day, seven days a week for emergency surgeries. The Region continues to look at how surgical services can align and assist the Province in its plan for transformation of the Surgical Patient Experience including reducing surgical wait time.

Summary of Surgeries

Heartland residents currently experience minimal delays in accessing surgery that is performed in the region. The region's utilization data (Table 5) indicates that there were a total of 1138 surgeries performed in the region. Of all surgeries reported in the region, 948 were Day Surgeries and 190 were Inpatient (IP) Surgeries. There were 592 surgeries in Kindersley (148 In Patient surgeries and 414 Day Surgeries) and 576 in Rosetown (42 In Patient surgeries & 534 Day Surgeries).

Table 5: Summary of Surgeries

Number of Surgeries	2009			2010		
	Kindersley	Rosetown	Total	Kindersley	Rosetown	Total
Inpatient						
Local	115	62	177	90	40	130
Itinerant	45	0	45	58	2	60
Day Surgery						
Local	36	42	78	29	27	56
Itinerant	458	393	851	385	507	892
Total Surgeries	654	497	1151	592	576	1138

All surgeries including diagnostic procedures performed in the surgical suites in Heartland Health Region are included in the table.

Pillar Two – Supportive Processes

Excelling at processes to achieve operational and service excellence

Medication Reconciliation – What are the Results?

Medication reconciliation (medrec) was first introduced to the region in the Spring of 2007 at the Kindersley Hospital. Based on the learning from the Kindersley pilot, the Region decided to train medrec champions from each facility to help spread the process using a nursing/physician focus. Tapping into the expertise of the medrec champions an improvement exercise identified gaps in the existing process, including the identification of necessary policies and procedures.

To check on our progress and to report back to the Ministry of Health (MoH) on our adoption of the new medrec process, a chart audit was recently completed. We believe

we are having some success in adopting this new process, but an audit provides an objective, measurable sense of how successful we actually are.

The audit focused on the time period January to March 2011, and involved pulling 177 patient charts from three acute care sites, eight resident charts from two long term care sites, and 13 client charts from two Home Care programs. Overall, the results from the audit were positive and encouraging, although it must be treated with caution, as there is significant variation in practice between our sites. Here are the results:

Acute Care:	59% completion rate (range was from 42% to 68%)
Long Term Care:	50% completion rate (range was from 20% to 100%)
Home Care:	77% completion rate (range was from 0% to 83%)

These results will guide our next steps in designing improvement activities to get all of our sites up to 75% accuracy in completing medication reconciliation, and once this is achieved, up to 95% accuracy.

Pillar Three - Providers - Goals

Creating healthy workplaces and environments that support safety for all and quality client care

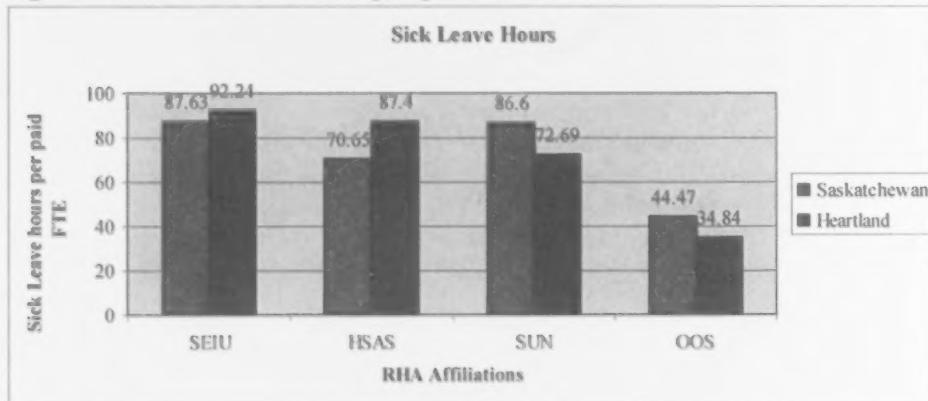
Sick Leave Costs

SEIU, HSAS and OOS Heartland employees experienced a slightly higher number of sick leave hours per Full Time Equivalent compared to the Saskatchewan average (in brackets):

- SEIU: 92.24 hrs (87.63)
- SUN: 72.69 hrs (86.60)
- HSAS: 87.40 hrs (70.65)
- OOS: 34.84 hrs (44.47)
- Total (All affiliations): 84.79 hrs (82.11)

Note: The total of 84.79 hours/FTE of sick leave did not meet the Ministry target of 78.47 hours/FTE.

Figure 23: Sick Leave Hours per paid FTE



The SUN union affiliation had a significant difference from the provincial average. SUN recorded an average that was far below the provincial average. The region took proactive action to address the shortage of Registered Nurse (RN) relief staffing and to provide permanent RN employment opportunities in order to maintain current health care service levels. Success has been experienced with anticipatory hiring practices such as posting RN relief positions and permanent positions to replace temporary vacancies where it is unlikely the permanent incumbent will return to work. These RN relief positions helped to contribute to a lower number of hours in sick leave per FTE. The region showed progress in meeting their SUN partnership targets by keeping 181.94 FTEs filled in 2010-2011.

Wage Driven Premium Costs (Overtime and Call Back)

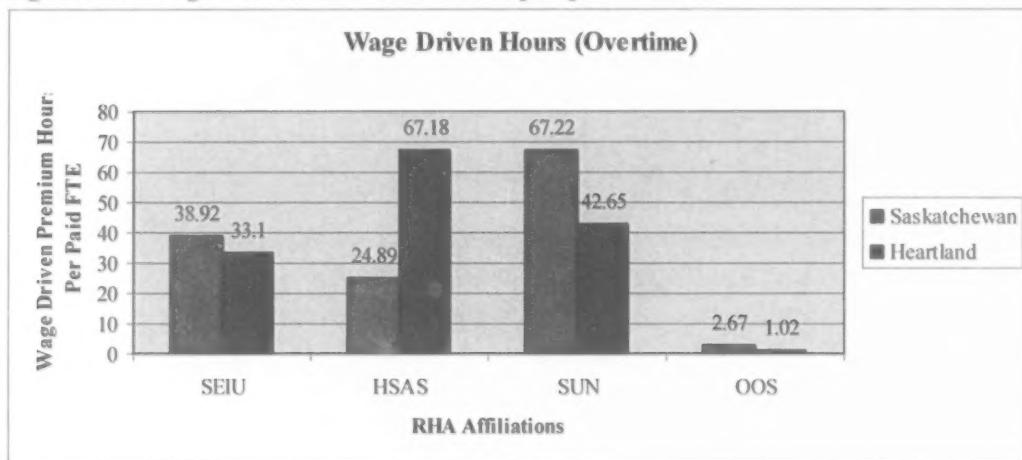
Heartland's wage-driven premium hours (35.18 hours per FTE) remained, on average, below the provincial average again this year. The provincial average was 40.86 hours per FTE. SUN was well below the provincial average, mainly due to the RN relief positions created in the region. HSAS was significantly higher than the provincial average. EMS

overtime is extremely high in the region, as we have a very small number of employees in all of EMS. When there is a smaller number of employees, the likelihood of overtime becomes greater. The number of wage driven premium hours per FTE positions (overtime and other premiums - Saskatchewan average in brackets):

- SEIU: 33.10 (38.92)
- SUN: 42.65 (67.22)
- HSAS: 67.18 (24.89)
- OOS: 1.02 (2.67)
- Total (All affiliations): 35.18 (40.86)

Note: The total of 35.18 hours/FTE of overtime and call back did not meet the Ministry target of 33.58 hours/FTE.

Figure 24: Wage Driven Premium Hours per paid FTE



Workers Compensation Claims

WCB

Heartland Health met its Worker compensation Board (WCB) time loss claims and time lost day set by the Ministry of Health in the 2010-11 fiscal year. Of the total claims made to WCB, over half were for ergonomic injuries related to back, shoulder and arms. Ergonomic injuries are cumulative, that is, they occur over time. An increase in ergonomic injuries is not unexpected as our work force ages and we will continue to identify prevention strategies to reduce the risk to our employees and the clients they serve.

The number of lost time WCB claims per 100 FTE's in Heartland increased to 5.15 in 2010-11 from 4.43 in 2009-10 and remains lower than the provincial average of 7.08. The number of lost-time WCB days per 100 FTEs (222.27) is slightly higher from the previous year (213.72) but remains significantly lower than the provincial average of 354.46.

Note: Heartland's 5.15 WCB lost time claims per 100 FTE in 2011-12 met and exceeded the Ministry target of 9.33 claims per 100 FTE.

Customer Service Engagement Plan

A customer service engagement plan has been adopted by the region and many of the activities started this year. Customer Engagement and hearing the voice of the customer is the main focus of the plan.

All new employees and existing employees receive education on the service excellence expectations of the region. As of March 31, 2011, Heartland had trained 77% of existing staff. The remaining 33% of existing staff will receive a self learning package and request for completion by June of 2011. The new values that were adopted in April 2010 highlight an unwavering focus on the patient and have adopted our new vision of Healthy People, Healthy Communities and Service Excellence in and Enduring Health System. Our values are respect, compassion, excellence, stewardship and collaboration.

Employees also receive education and training in Contagious Kindness. This program promises to raise one's self-awareness and personal accountability for the development of a respectful and caring workplace culture. Kindness as a core value, and as standard for decision-making, provides an easily understood 'emotional benchmark' for recharging and centering oneself in the midst of stress and the daily changes of today's workplace.

The program reminds participants that in our careers the people who make a difference are not the ones with the credentials, but the ones with concern and compassion. Our society is built on a foundation of relationships which connect individuals to families, work environments and communities.

The Region currently completes Satisfaction surveys in the Acute Care settings (Health Quality Council). These surveys are used as planning tools in determining client wants and level of satisfaction with the system. The surveys are also reviewed to prepare user friendly methods to ensure staff are aware of the results and to conduct local initiatives to improve the client experience. An additional Health Quality Council (Emergency department) survey was implemented in the Kindersley Health Centre as a pilot.

These existing surveys are used to measure improvement in customer satisfaction. As part of the regions 2010-12 strategic planning the region is also developing a client feedback system (and associated targets) which will be used to measure client satisfaction across the entire continuum of care.

Individual concern handling is facilitated through a regional process. Members of the Quality Program serve as the Client Representative in working with clients and program staff to resolve service concerns and raise awareness/educate at a variety of organizational levels. Quality Improvement initiatives follow the concern handling process (where appropriate).

Pillar Four – Sustainability – Goals

Managing health care resources to ensure future provision of appropriate services.

Financial Summary

Heartland Health Region ended the 2010-11 fiscal year with a \$10,605 operating surplus after \$1.8 million in capital commitments. These commitments included mortgage payments and payouts, and capital equipment. The total operating funding for the region was \$92.9 million. Overall, 86.7% of the operating fund revenue was provided by funding from the Ministry of Health.

Table 6: Operating Surplus Comparison

	2011	2010	2009
Operating Surplus after Capital Transfer	\$ 10,605	\$ 305,616	\$ 756,392

Highlights of the year include:

- Ministry's Efficiency Target of \$949,000 in the areas of:
 - Attendance Support
 - Shared Services
 - General Efficiencies
- For general efficiencies the Region worked through travel restrictions, Out of Scope (OOS) vacancy management and the release of previously targeted funds.
- Shared Services
 - General procurement savings through provincial contract with HealthPRO savings
 - Insurance and Sasktel Mobility savings
- Unbudgeted Collective Bargaining at \$4.4 million
 - Additional SUN Partnership 7.02 annualized FTE enhancement
 - The SEIU contract was settled with funding for 2010-11 at \$3.178 million.
 - Saskatchewan Medical Association contract
 - OOS contract
 - The HSAS contract expired March 31, 2009.
- Region's debt reduction strategy including the payout of nine mortgages and one loan, which allows for financial flexibility in 2011-12.
- Continued Ministry support for areas including Infection Control, Fall Collaborative, Family Centered Care and Quality Workplace.

Expenses were up 3.14% over 2009-2010 and over budget by 5.25% mainly due to the unbudgeted collective bargaining. About 47% of the operating budget was spent on Long

Term Care Services, 21% on Acute, 22% on Community Services/Home Care/Primary Care, 5% on EMS and 5% on Program Support.

Other non-salary pressures included laundry contract costs that were higher than planned due to an increase in poundage and late invoices from 2009-10. General Supplies were over budget with the start up costs of implementing the new Microfibre process. Utility rates on Energy, Power and water continue to rise. Repairs and Maintenance expenses were higher than planned due to Insurance claims in Kindersley and Outlook

As for revenues, the region saw a small decrease in empty beds overall (average of 7.4 per month). This is compared to 7.8 average in 2009-10.

EMS trips were up 50 trips from 09/10. Out of province revenues were also up over last year due to an increase in rates and visits.

The Region's Working Capital improved to 2.19 days. The Ministry provided the region with \$4.476 million in funding for capital equipment, life and safety/emergency infrastructure projects, Long Term Care Projects and the surgical initiative at the end of March, 2011.

Eneraction

The region has contracted SaskPower Energy Solutions to perform an energy audit on the region's facilities with the plan to move forward on an Energy Renewal Project in 2011-12. We conducted the energy audit and entered into an agreement Letter of Intent (LOI) to develop a project for the Heartland region. We are currently in project development with SaskPower's partner Honeywell. For evaluation purposes, the region has established a 10 year simple back criterion for the Energy Performance Contract fully recognizing that the payback may grow longer to accommodate critical measures resulting from aging infrastructure, deferred capital investment and deferred maintenance. The Net Potential Value (NPV) of the overall job will be assessed. Upon completion of development and the project report, anticipated in late March, we will submit a business plan, including financial assessment, for the project as a whole to the Ministry of Health for review and approval.

Shared Services

Historically, Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) have each overseen most of their own administrative and support services. Today they are working together to design a new means of sharing these services.

Shared Services will focus on administration by sharing functions related to human resources, information technology, finance and administration, and materials management. The health system can reduce costs and duplication, work more efficiently and effectively, and allocate more resources to direct patient care.

This project is part of Saskatchewan's move to a more patient-centred health system. The Patient First Review Commissioner recommended shared services as a way to achieve greater value for Saskatchewan patients and taxpayers.

The shared services approach seeks to achieve both the customer service orientation of a decentralized administrative model and the effectiveness and efficiency of a centralized model.

Shared services are not new to the Saskatchewan health sector. Health regions, their affiliates, and the SCA have been sharing payroll, benefits, purchasing, and some human resource and workplace health and safety functions for a number of years through the Saskatchewan Association of Health Organizations (SAHO), or on a collaborative basis. The Shared Services Project is under the direction of the Council of CEOs. It is funded in part by the Ministry of Health, which has established strategic and operational directions for the project, and by significant in-kind contributions from the RHAs, the SCA, and SAHO.

Capital Upgrades

Planning continues for all three capital projects in Biggar, Rosetown and Kerrobert. The functional plans have been approved for Kerrobert and Rosetown. The functional plan submission for Biggar was submitted in May of 2011. Working drawings are underway for both Kerrobert and Rosetown with expected tender dates for late summer/ fall of 2011. Biggar working drawings will start shortly with a tender date of late fall of 2011 planned.

The region has been able to do many capital upgrades to increase the safety of our facilities through capital funding from the Ministry of Health. Numerous capital projects were completed since 2008 when we received \$4.3 million in funding. They included nine roof replacements at a cost of over \$2.707 million, three flooring replacements at a cost of over \$300,000, five heating, ventilation, and air conditioning upgrades at a cost of \$305,000, four plumbing upgrades at a cost of \$102,000 and twenty four life safety upgrades including fire alarm, nurse call, door security, and handicap power doors for a total of over \$560,000.

Table 7: Life Safety Emergency & Infrastructure Projects
2010-11 Life Safety/Emergency & Infrastructure Projects

FACILITY	PROJECT/REQUIREMENT NAME	STATUS
BEECHY HEALTH CENTRE	BUILT UP ROOF (BUR) REPLACEMENT	Complete
BIGGAR DIAMOND LODGE	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
BIGGAR HOSPITAL	BUR AGED AND WORN	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	PLUMBING FIXTURES AGED/END OF LIFE	In Progress
	NURSE CALL SYSTEM	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
DAVIDSON HEALTH CENTER	BUR AGED AND WORN	Complete
	COOLING GENERATING SYSTEM CONDENSER AGED	Complete
	DOOR REPLACEMENT-END OF USEFUL LIFE	Awarded
DINSMORE HEALTH CENTER	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	ROOFTOP PACKAGE UNIT AGED AND WORN	Complete
	NURSE CALL SYSTEM	Complete
ELROSE HEALTH CENTER	ASPHALT SHINGLES AGED AND END OF LIFE	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	CARPET FLOORING AGED/END OF LIFE	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
ESTON HEALTH CENTER	ASPHALT SHINGLES AGED AND END OF LIFE	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	SHEET VINYL FLOORING AGED/END OF LIFE	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
KERROBERT HEALTH CENTER	PACKAGED A.C. UNITS AGED	Complete
KINDERSLEY HEALTH CENTRE AND HERITAGE MANOR	EXTERIOR DOORS AGED AND WORN	Complete
	DOMESTIC WATER HEAT EXCHANGER AGED	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
	COOLING GENERATING SYSTEM CONDENSER AGED	Complete
	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	BUR AGED AND WORN	Complete
KYLE HEALTH CENTRE	MAIN ENTRY DOORS LACK POWER OPERATION	Complete
	FIRE ALARM SYSTEM AGED/BEYOND USEFUL LIFE	Complete
LUCKY LAKE HEALTH CENTRE	CARPET FLOORING AGED/END OF LIFE	Complete

	TUB ROOM FLOORING AGED/END OF LIFE	Complete
	NURSE CALL SYSTEM	Complete
OUTLOOK SUB-OFFICE	ASPHALT SHINGLES AGED AND END OF LIFE	Complete
ROSETOWN HEALTH CENTRE	HOT WATER PIPING AGED	In Progress
	MAIN ENTRY DOORS LACK POWER OPERATIONS	Complete
ROSETOWN WHEATBELT LODGE	BUR AGED AND WORN	Complete
	MAIN ENTRY DOORS LACK POWER OPERATIONS	Complete
	SECURITY SYSTEM AGED/END OF LIFE	In Progress
KINDERSLEY CORPORATE OFFICE (SUNSET)	BUR AGED AND WORN	Complete
	VENTILATION/AIR CONDITIONING	In Progress
	ELECTRICAL SERVICE	Complete
UNITY HEALTH CENTRE	NURSE CALL SYSTEM	Complete
WILKIE HEALTH CENTER	BUR AGED AND WORN	Complete
	EXISTING HVAC CONTROLS OBSOLETE	Complete
	SECURITY SYSTEM AGED/END OF LIFE	Complete

Future Outlook/Emerging Issues

Physician Services

Over the past year the Heartland Health Region, its physicians and its communities have continued to work collaboratively to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Increasing physician shortages have been a challenge for the people of our communities. There have been coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program. A regional physician recruitment meeting was held on January 19, 2011 in Rosetown. The meeting was offered through Telehealth and Teleconferencing in the communities of Biggar, Davidson, Kindersley, Rosetown and Unity. All physicians in the region as well as a number of regional stakeholders were invited and encouraged to attend in person. Ed Mantler, CEO of the Physician Recruitment Agency of Saskatchewan (PRAS) was in attendance for the meeting. Several strategies were suggested out of the meeting, however physician practices remain private and regional recruitment strategies are largely locally based. The region is working with PRAS and community recruitment groups as requested, and continues to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices.

The Physician Recruitment Agency of Saskatchewan has identified priority practices to which it will provide support for recruitment of new physicians. The Agency has taken the approach that practices of less than four physicians are not considered to be sustainable. The Authority will need to consider its response to communities that are seeking to recruit to solo practices in the future.

The College of Physicians and Surgeons of Saskatchewan implemented a new process for assessing the readiness and licensing of internationally trained medical graduates to practice in Canada. The Heartland Health Region has not been the beneficiary of any new licensees from this program in 2010-11, but we are optimistic that we will see some successful recruits in the coming year.

Physician Resources – Heartland Health Region As at March 31, 2011

General Practitioners - 27	Specialists - 22	Visiting Specialists
20 GP Family Physicians	1 Ear, Nose & Throat	Internal Medicine and Cardiology
3 GP Surgeon/Obstetrics / Anesthesia	1 Diagnostics – General Surgery	Orthopedic Consultation & Surgery
1 GP Surgeon/ Obstetrics	1 Endoscopy – General Surgery	Psychiatry
1 GP Anesthesia/ Obstetrics	1 Internal Medicine	Gynecology and Obstetrics
2 GP Obstetrics	2 Gynecologists/	Dental
	Obstetricians	Endoscopy
	1 General Surgeon	Diagnostic
	3 Psychiatrists	Radiologist
	3 Orthopedic	Ear, Nose & Throat
	1 Radiologist	Chiropractors
	4 Dentists	
	4 Chiropractors	

Primary Health

The development of four Primary Health Care Service areas within Heartland sets the stage for service delivery and development over the next years. The infrastructure will continue to develop to support this style of service. Communities will be educated to understand and use Primary Health services.

Team Development Facilitators, Healthy Living Experts (Chronic Disease Management) and Communications personnel will be the catalysts that move Heartland from an ordinary health region to one on the cutting edge of rural wellness and health care. Primary Health Teams will be focusing on prevention of chronic illness through the promotion of healthy eating and increased physical activity. They will be working with community groups to learn how to incorporate more physical activity into daily living and to build more active communities.

It appears that economic growth is occurring in Heartland, as it is across the province. This growth is predicted to continue into the future. New and different needs will be identified as populations grow and change with economic and industrial change. Heartland's Primary Health Care Service Areas are designed to help communities focus on their specific needs and develop services which are what they need to respond quickly to newly identified needs within their boundaries. Over time, the PHSAs will develop service "personalities" that reflect the unique needs of the area while still ensuring the provision of core health services.

Technology will continue to enrich the quality and access of health care. Full implementation of The Electronic Health Record has been implemented in the three Primary Health sites. It will eventually lead to better care of chronic conditions by aiding

staff in implementing the latest clinical guidelines for care. Some disease-specific programs are now being offered by telehealth in order to reach more of Heartland's clients and this will continue to be expanded into other programs. Our Board Chair has participated in a provincial process to define a primary health services redesign to build a sustainable primary care system. We are working with the Health Quality Council of Saskatchewan to obtain resources that will help our physicians to engage in clinical practice redesign to move the sustainable primary care agenda forward.

Human Resources

The Heartland Health Region's greatest asset is its human resources – our staff. The Heartland Health Region is very fortunate to have an extremely competent and committed workforce. This workforce has undergone tremendous challenges and changes in the past few years and is well equipped to meet the challenges and changes of the future. The people side of the healthcare system is the most important element in providing quality healthcare services and Heartland employees have continued to dedicate their efforts and enthusiasm to provide quality and compassionate care to the people of the Heartland Health Region.

The Heartland Health Region will continue to focus efforts on retaining existing employees within the system. The strategic Human Resource Strategy also requires a longer-term vision of recruitment involving anticipatory hiring practices by predicting future staffing needs and planning for recruitment. This strategy requires a “thinking outside of the box” mentality that in some instances will require increased spending in order to attain or retain necessary human resources within the Region’s health care system.

The vision of our Human Resource Plan is to recognize, encourage and reward these efforts by providing a workplace culture and leadership approach that fully values the contributions of all staff and connects quality work environments, individual quality of work life and organizational performance.

A Culture of Safety

Safety for all continues to be a key strategic goal for the region. Several projects are underway in order to enhance safety throughout the region both for staff and patients alike. Required organizational practises for infection control, Accreditation recommendations such as Medication Reconciliation, and a provincial Senior Falls and Injury Prevention Reduction program will all contribute to a safer region for everyone.

Key to Heartland's forward motion is the continued evolution of the Culture of Safety in both the organization and the community. The result will be reduced human, organizational and community costs (financial, quality of life, etc.) associated with ‘accidents’, and unintentional injury. Not all of these costs can be measured and financial gains are not immediate.

Quality

Maintaining a quality, sustainable infrastructure in Heartland will be a challenge and an opportunity for change. Quality Improvement, Risk Management and Patient Safety are major themes that need to be addressed into the future. It should be clear that the conscious and active efforts of many people across the region have a daily impact on advancing safety practices and culture. This is an important characteristic that must continue in the region as safety is the responsibility of all staff, physicians and the clients themselves. In our quest to optimize patient safety, the ultimate goal is a health care system in which patients are free of any harm caused by system failure or human error.

We need to find ways to capture the voice of the people we serve to adapt our programs and services and to ensure our care is patient and family centered. Patients also need to share in the decision making for their care.

The Saskatchewan Surgical Initiative (SSI) will improve surgical patient's care experience with the goal that within four years no one in the province will wait more than three months for surgery. The region looks forward to participating in the (SSI) and working with the province to achieve this goal.

The Lean practice and philosophy helps to focus on Quality Improvement for the client. In moving towards a system wide adoption of Lean there will be relentless continuous improvement that has respect for people's time and talents.

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures. The Payee Disclosure Lists for all Regional Health Authorities are available on the Ministry of Health website at www.health.gov.sk.ca.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total \$50,000 or more.

ABBOTT	JEANETTE	77,698	BLOSKY	ERIC	61,267
ADAMOWSKI	GAIL	99,678	BOEHM	SANDRA	51,213
ALEXANDER	HEIDI	56,152	BOKITCH	ALLISON	75,820
AMES	EVELYN	73,978	BORNE	RODNEY	81,859
AMY	VANESSA	58,650	BOSCH	DONNA	52,072
ANDERSON	BRENDA	103,446	BOSCH	STACEY	178,756
ANDERSON	LAURIE	65,259	BOSER	DONNA	54,507
ANDREWS	JACKLIN	86,750	BOTHNER	CHARLOTTE	68,932
ANDREWS	WENDY	52,825	BOUCHER	COLLEEN	83,741
ANHOLT	GARY	50,263	BOUTKAN	JOANNE	52,806
ANHORN	PATRICIA	72,945	BOWMAN	DEBRA	63,220
ANTONI	MONA	50,037	BOYCE	ZELLY	54,486
ARSENAULT	LEAH	50,728	BOYLE	ALAN	91,274
BACHMAN	TAMMY	71,788	BRADFORD	SARAH	94,553
BAHM	ROXANNE	60,067	BRATTLAND	JAYNE	66,484
BAILEY	MILDRED	65,663	BRENNER	RICHARD	69,566
BARKER	BRENDA	50,777	BREWER	DIANE	57,386
BARKER	DOUGLAS	58,116	BRIDGEMAN	ARMINA	58,469
BARTLETT	RHONDA	75,583	BRIDGEMAN	CELESTE	52,551
BASLER	CAROLYNE	63,439	BRIGHAM	WENDY	110,993
BEAMAN	MARILYN	69,366	BROOKS	JENILEE	50,289
BECKER	CHRISTOPHER	76,051	BROWN	BARBARA	91,319
BECKER	LINDA	104,570	BROWN	CORINNE	89,600
BEESON	DOUGLAS	63,887	BROWN	KAREN	51,037
BEESON	JACKIE	53,119	BROWN	SANDRA	64,987
BENNETT	DIANNE	54,118	BROWN	WANDA	90,743
BERIAULT	DORIS	91,201	BUCKTON	MICHELLE	91,861
BILAO	SARAH	108,404	BUDD	JANELLE	59,968
BLACKWELL	MELISSA	53,355	BUECKERT	AUDREY	105,528
BLACKWELL	TAMMY	89,111	BUSCHYNSKYI	RICK	64,832
BLAMPIED	JENNY	51,282	BUTT	SHARON	70,428
BLANCHETTE	DEBRA	98,956	CAIRNS	LYNN	51,229
BLODER	JANET	52,653	CALVERT	JENNIFER	60,539

CAMBER	SUSAN	51,211	EYOLFSON	JILL E	81,134
CAMPBELL	DEANNE	71,813	EYRE	GWEN	60,937
CAMPBELL	TRINA	82,124	FABBRO	RYAN	55,194
CARNEGIE	LORENA	62,210	FAGNOU	JULIA	102,572
CATAMBING	MELCHOR	117,019	FARRELL	SHARON	54,096
CAVE	JAMIE	55,805	FISHER	CHANTELLE	55,482
CHARPENTIER	BARBARA	80,753	FISHER	MARY PAT	89,098
CHENEY	ALICIA	106,173	FLAD	MELONI	64,165
CHEYNE	JAMES	83,840	FLYNN	RENEE	63,857
CHOLIN	SHANNON	79,894	FORTIN	CHERYL	60,644
CHRISTENSEN	ELIZABETH	51,933	FRERICHS	JENNIFER	82,910
CLARK-WATSON	GLENDY	85,459	FRIESEN	REIZAH	83,703
COLLINS	DIANE	69,383	FROYSTAD	LISA	63,803
COLWELL	ANNABELLE	51,468	FUNK	MARGARET	53,690
COOL	GLORIA	104,042	GAFF	JO ANN	57,027
COOPER	Dr. J.C.	335,338	GARTNER	DIANE	63,519
CORDES	SANDRA	53,139	GARTNER	ELSIE	59,341
COWAN	KEITH	77,696	GATES	FRANCE	55,059
COWELL	BARBARA	107,829	GEORGE	DOREEN	88,232
CRANEY	LISA	66,822	GEREIN	JACKIE	72,121
CRICKETT	VALERIE	100,389	GEREIN	NICOLE	78,231
CUMMINGS	GREGORY	261,383	GERSTNER	LISA	50,137
CUPPLES	STEVE	72,654	GILLIS	EDITH	57,576
CUTLER	SHELLEY	55,684	GLASSFORD	CARRIE	95,455
DALE	KELSIE	53,113	GLESSING	CAROLYN	171,606
DAVID	LAURA	75,141	GOTTFRIED	ADELINE	53,669
DAVIDSON	JULIE	50,229	GUTTING	ANDRIA	81,714
DAVIDSON	LEEANN	118,246	HABERMEHL	PATRICIA	83,495
DAY	CHRISTINE	53,966	HADUIK	CONNIE	104,547
DEGENSTEIN	ROBERT	73,602	HALDE	SERGE	77,963
DEIBERT	KERRY	112,747	HALONEN	MELANIE	66,393
DELAINY	CAMILLE	84,712	HAM	LESLIE	53,630
DEROSRIERS	WANDA	118,725	HAMM	ERIN	108,682
DIEHL	ERIN	60,821	HARDENNE	LINDA	54,419
DOBROWOLSKI	MARY	53,002	HARTEMINK	DEBBIE	51,228
DOLEGA					
CIESZKOWSKI	JADWIGA	60,596	HARTSOOK	REID	57,782
DUBRAY	DONNA	50,428	HAUBRICH	JULIE	59,781
DUERKSEN	LORETTA J	70,308	HAUBRICH	KATRINA	84,357
DUNN	BONNIE	66,532	HAUBRICH	SHARON	84,246
DUPUIS	JO-ANN	83,999	HAWKINS	ERIN	77,992
DURAND	SYLVIE	50,626	HAYES	BRENT	108,436
DYCK	MARYANN	51,122	HAYES	TERRI LYNN	74,633
EAST	AUDRA	92,745	HAYNES	BARBARA	53,641
EDOBOM	ROBERT	119,331	HAZEL	GLENDA	69,923
EDMONDS	ANNEMARIE	80,684	HEALEY	COLLEEN	73,230
ELLIS	MICHAEL	88,625	HEALEY	SHERRI	63,017
ESCORPISO	EMELDA	89,898	HEIDT	TRACY	87,114
ETSELL MCLEOD	ELAINE	88,999	HELGASON	DANIELLE	90,912

HELMAN	MARIE	65,268	LANGE	PATRICIA	97,283
HERMANSON	RUTH	53,638	LARSON	CAROL	74,339
HIEBERT	ELIZABETH	60,493	LAUGHREN	LAURIE	54,183
HILL	CAROL	99,327	LAVIGNE	BEVERLEY	119,651
HILL OUSDahl	CHARLOTTE	71,161	LEDDING	DR. DAVID	120,000
HODGINS	SANDRA	52,520	LEFEBVRE	HEATHER	80,366
HOEHN	CAROL	65,779	LEGROW	WENDY	51,821
HOFER	FAYE	100,408	LEITH	MARLENE	53,682
HOGAN	KAREEN	68,881	LENZ	TRACY	55,001
HOGG	DARLENE	61,821	LESLIE	LYNN	51,480
HOLLER	BERNIE	82,279	LEWIS	KATHY	76,652
HOLTON	IAN	82,823	LI	ESTHER	62,651
HORN	VIRGINIA	95,280	LILBURN	CHRISTINE	103,823
HUSBAND	JUDITH	55,515	LINDEMANN	DEBRA	89,921
IRELAND	SCHARLENE	96,091	LOITZ	TERRIE	65,370
IRVINE	ERIN	80,337	LONGTIN	CATHY	93,249
JANSEN	SANDRA	71,853	LOW	BONNIE	88,656
JANZEN	DOREEN	59,505	LOWENBERGER	MELISSA	60,793
JOHNER					
WILLIAMSON	NICOLE	79,188	MABBETT	LANA	61,593
JOHNSON	KATHRYN	71,095	MACKERACHER	DEBBIE	61,059
JOHNSTON	KIM	76,043	MACRAE	JOAN	96,319
JONES	KATHY	90,520	MAGNUS	MARILYN	61,895
KACHUR	JODIE	73,692	MAHARAJ	MONA L	98,776
KAJNER	JENNIFER	57,442	MAHARAJ	SUBHAS	82,387
KAPELL	KEVIN	64,164	MARCHUK	ANDREA	84,275
KEMBEL	KELLEY	89,146	MARTIN	MONANNE	65,316
KERNOHAN	BEVERLY	90,019	MARTIN	SHERRY	59,815
KIRKNESS	BRIAN	55,723	MASSEY	PATSY	62,822
KISSICK	KAREN	55,793	MATERIALE	LUCIA	50,285
KLEIN	BETTY LOU	57,337	MATHERS	ALISON	61,770
KNORR	GLORIA	62,731	MATLOCK	CAROLYN	63,407
KNORR	NANCY	90,985	MAY	CARLA	94,783
KNUTSON	MARIE	53,521	MAZZEI	EVELYN	59,761
KOKESCH	MEGAN	85,079	MCBRIDE	COLLEEN	54,402
KOLESNIK	MONICA	78,996	MCBRIDE	JANELLE	68,922
KON	DARRYL	50,862	MCCONNELL	SYLVIA	66,229
KOOP	CAROLYN J	90,541	MCCORMICK	ANN	66,345
KOSOLOFSKI	PAM	53,637	MCDONALD	BRENDA	92,504
KREKOSKI	GAIL	82,725	MCDougall	DIANE	98,559
KRIPS	JUDY	51,501	MCFARLANE	PATRICIA	66,347
KROGSTAD	VIVIAN	110,018	MCGREGOR	BREANNE	74,096
KROLL	MONIQUE	57,341	MCINTOSH	MARY	63,431
KRONBERG	DIANE	73,132	MCKENZIE	VALERIE	51,748
KUNTZ	SYLVIA	84,529	MCVEIGH	ASHLEY	79,707
KURULAK MILNE	DEBORAH	99,575	MEIER	KATRINA	60,704
KWASNEY	JENNIFER	50,434	MERKEL	GORDON	95,178
LALEY	MARILYN	71,377	MESCALL	AUDREY	60,716
LANGAGER	JUDY	73,917	MEYER	BERNADETTE	50,747

MEYER	NORMA	78,900	RHODES	CAROL	97,113
MILLER	E RUTH	113,650	RIENDEAU	GAYLE	114,704
MILLER	KATHY	63,502	RINGROSE	CATHY	115,929
MILLER	NICOLE	69,967	RISSLING	IRENE	51,231
MILTON	DEBBIE	94,841	RITCHIE	ADELE	100,786
MITCHELL	BRENDA	62,239	RITCHIE	DAWN	66,911
MOEBIS	DONNA	55,755	RITTER	MONICA	64,372
MOORE	BRENDA	68,566	RITTINGER	MARLENE	61,587
MOORE	SUSAN	110,195	RITZ	SUSAN	90,699
MORESIDE	DIANNE	93,314	ROBSON	SHELLY	123,924
MORESIDE	KAREN	50,647	ROEBUCK	MARGARET	52,430
MOSKALYK	STACY	65,002	ROSZELL	JOAN	76,423
MOURRE	LILLIAN	51,055	RUIZ	ANNA	56,780
MUNRO	JEANNIE	118,301	RYAN	CAROL	88,669
MURPHY	HELEN	53,673	RYSAVY	BEVERLEY	95,641
NASH	JOCELYN	61,927	SAATHOFF	KARYN	53,952
NELSON	SHELLY	86,323	SALEWSKI	DANA	63,720
NEUMEIER	BRENDA	74,059	SAN DIEGO	RENETTE	84,956
NICKEL	MELVIN	68,475	SARICH	MARIANNE	51,633
NISBET	CARA	80,996	SATTELMEIER	YVONNE	58,473
NODWELL	CARLA	82,610	SAYERS	JENNIFER	74,192
OBRIGEWITCH	BEVERLEY	72,268	SCHIERLING	JENNIFER	61,367
OLSON	CHRISTINE	77,639	SCHIMPF	JOANNE	68,461
OLSON	PATRICIA	66,292	SCHMIEDGE	ADRIAN	86,941
OLSON	SHERRYL	61,928	SCHOLER	BRENDA	100,242
OMNESS	LESLIE A.	53,856	SCHURMAN	JANICE	56,605
ORTMAN	ANDREW	58,230	SCHURMAN	REBECCA	51,161
PACKET	KRISTA	62,661	SCHWAB	EVA	57,896
PAJUNEN	SHEILA	171,919	SCHWARTZ	BERNIE	110,518
PALMER	CATHERINE	90,181	SCOTT	DEBORAH	50,147
PANGMAN	AMANDA	78,500	SEGEWICK	LORI	55,583
PAPROSKI	LEANNE	59,879	SENGER	DIANA	63,383
PARK	GLORIA	80,179	SERFAS	KAREN	110,918
PARKINSON	SHIRLEY	90,647	SERFAS	MAUREEN	83,530
PIERREPONT	WAYNE	113,908	SHAVER	JOHN-MICH	58,850
POITRAS	CHARMAINE	75,046	SIBLEY	TANISLEI	64,808
POLETZ	DENISE	81,223	SIMONSON	LYNNE	51,403
PRESCOTT	LANA	79,787	SIMONSON	SUSAN	66,893
PRINCE	JOHN	73,243	SINCLAIR	AGNES	82,855
PROCKNOW	KIM	54,206	SINCLAIR	VALERIE	75,547
PURCELL	LINDA	88,482	SITTLER	DAWN	89,346
RANKIN	ANNE	72,484	SLOMAN	DIANNE	60,037
RAYMOND	LORRAINE	77,033	SMITH	COLLEEN	61,985
READ	RUTH	76,195	SMITH	DARLENE	86,320
REDDEN	DEBBIE	88,665	SMITH	LEAH	54,908
REMESHYLO	KRISTA	149,526	SMITH	SANDY	73,255
RENWICK	DEBBI	55,121	SMITH	WANDA	53,844
RETZLEFF	TRUDY	54,115	SNIDER	HEATHER	76,365

SOMERVILLE	KIMBERLEY	65,913	VORNBROOK	CURTIS	58,927
SPERLE	NOLA	59,858	WADE	ALICIA	59,058
SPIGOTT	SHARON	59,616	WAGNER	LESLIEANN	90,767
SPROULE	GWEN	73,583	WAITE	DONNA	77,014
STABBLER	LEONA	62,554	WAKE	ELLA	53,204
STANJEK	DONNA	64,449	WALKER	CHERYL	54,094
STANLEY	LEESA	108,501	WALKER	EVELYN	97,693
STEVENS	DEBRA	58,652	WALL	KRISTEN	77,850
STEWART	WILLIAM	65,240	WARKENTIN	SHERI	51,081
STOPANSKI	VALERIE J	70,489	WARREN	LYNNE	83,228
STOREY	CRYSTAL	61,581	WASKO-LACEY	LINDA	173,748
STORY	TERRI	78,766	WEBER	DAWN	74,549
STRATTON	CARLA	56,131	WEBSTER	JAMES	76,556
STRUTT	AMBER	55,995	WEISZ	THOMAS	86,473
SUCHAN	AMY	64,178	WELLS	BONNIE	67,856
SUMIBCAY	JHONY	85,421	WELLS	HAZEL	55,355
SUTER	DONNA	87,128	WELLS	SHIRLEY	68,025
SUTHERLAND	DONNA	99,678	WELLS	STACEY	91,369
SWINSON	ANNABELLE	58,968	WENDT	ADRIENNE	54,761
SWITZER	GLORIA	57,390	WENZEL	KRISTENE	82,889
TALL	SHERRY	69,150	WESTBURY	TERRY	60,087
TAYLOR	KAREN	50,084	WESTON	MARLENE	101,395
TAYLOR	TARA	65,987	WIEBE	DIANNE	91,368
TERNES	DALE	97,904	WIENS	CHRISTINE	98,440
THIESSEN	SHERI	67,326	WIENS	LAURIE	59,799
THOMPSON	JOAN	55,877	WIENS	RAELENE	54,717
TOLLEFSON	CHRISTINE	59,797	WILDEMAN	BERNIE	90,708
TORRANCE	CAROLYN	88,074	WILDEMAN	PAULA	72,309
TORRENS	LORRAINE	52,121	WILKINSON	CHRISTOPHER	58,587
TRUMBLEY	BETTYANN	100,887	WILSON	DIANNE	68,193
TUCKER	JOANNE	50,784	WINNY	JOANNE	73,600
TURTON	AMBER	74,285	WINNY	TERESA	59,632
UDOH	GLORY	82,201	WINTERHALT	CAROLINE	66,230
VAN DYK	ANDREW	71,557	WYLIE	JACQUELIN	85,031
VAN SEGGELEN	DEBRAH	58,842	YOUNGSTROM	ELAINE	56,597
VANDERZWAAG	GLORIA	93,209	ZERR	MARIE	53,245
VANTHUYNE	MARLENE	90,576	ZIMMER	ANDREA	81,398
VASSEUR	JHALENE	54,873	ZLATNIK	KERRI	54,022
VAVRA	DONNA	89,678			
VERONELLY	YVONNE	52,013			
VOLK	BEVERLEY	66,866			
VOLK	DONALD	69,467			

Payee Disclosure List: Transfers

Listed, by program, are transfers to recipients who received \$50,000 or more.

BRIDGEPOINT	\$559,618
ST. JOSEPH'S HEALTH CENTRE	\$2,010,249

Payee Disclosure List: Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

A1 POWER DOOR LTD	\$79,611
ABBOTT LABORATORIES	\$89,336
ADVANCED RESPONSE VEHICLES INC.	\$300,194
ARJO CANADA INC.	\$294,741
ASSOC. RADIOLOGISTS OF S'TOON	\$186,922
BECKMAN COULTER CANADA INC.	\$160,533
BEECHY/DEMAINE EMERGENCY SERVICES	\$119,909
BOMIMED INC.	\$70,459
BUNZL CANADA - OAKVILLE	\$78,558
CAN-MED	\$90,225
CARDINAL HEALTH CANADA INC.	\$71,148
CARESTREAM MEDICAL LTD.	\$64,461
CENTURY ROOFING AND SHEET METAL	\$182,417
DOMCO CONSTRUCTION INC.	\$108,486
DR. D. TORR MEDICAL P.C. INC.	\$53,440
EATONIA OASIS LIVING INC.	\$102,703
ECOLAB INSTITUTIONAL DIVISION	\$56,750
FLAWLESS FLOORING SERVICES	\$79,528
FLYNN CANADA LTD.	\$524,353
FRIESEN TOKAR ARCHITECTS	\$1,330,876
FUTUREMED HEALTH CARE PRODUCTS	\$190,205
GRAND & TOY	\$222,468
HDA ENGINEERING LTD.	\$120,336
HEALTH METRIX CANADA INC.	\$51,701
HILL-ROM CANADA	\$283,184
HIROC INSURANCE SERVICES LIMITED	\$130,563
HOSPIRA HEALTHCARE CORPORATION	\$182,458
JOHNSON & JOHNSON	\$406,138
KCI MEDICAL CANADA INC.	\$184,155
KPMG	\$68,328
M.D. AMBULANCE & CARE LTD	\$98,113
MARSH CANADA LTD.	\$129,327
MCKESSON CANADA	\$144,349
MCKESSON DISTRIBUTION PARTNERS	\$61,817
MEDTRONIC OF CANADA LTD	\$57,938
MINISTRY OF GOVERNMENT SERVICES	\$658,819
MOTOROLA CANADA LIMITED	\$482,656
NORTH SASK LAUNDRY	\$541,629
PHILIPS MEDICAL SYSTEMS CANADA	\$474,450
PINNACLE DISTRIBUTION INC.	\$54,614
PLAINS MAN HVAC-R LTD.	\$56,872
PRAIRIE MEATS	\$52,721
PRAIRIE NORTH HEALTH REGION	\$67,736
QUEEN STREET DIAGNOSTIC IMAGING	\$51,598
RCDP / CPDN	\$152,022

ROCHE DIAGNOSTICS	\$68,169
SAPUTO DAIRY PRODUCTS CANADA	\$140,781
SASK ASSOC. OF HEALTH ORGAN.	\$331,110
SASK ENERGY	\$943,124
SASK POWER	\$829,305
SASK TEL	\$344,693
SASKATCHEWAN REG. NURSES ASSOC	\$130,697
SASKATOON HEALTH REGION	\$146,423
SCHAAN HEALTHCARE PRODUCTS	\$785,011
SIMPLEX/GRINNELL	\$70,382
SOMAGEN DIAGNOSTICS INC.	\$58,676
STALWART MACHINERY AND SUPPLIES LTD.	\$50,774
STERIS CANADA INC.	\$69,277
STRYKER CANADA	\$78,772
SUCCESS OFFICE SYSTEMS	\$63,867
SYSCO FOOD SERVICES OF REGINA	\$931,510
THE STEVENS COMPANY LTD.	\$98,255
TOWN OF BIGGAR	\$52,588
TOWN OF KINDERSLEY	\$88,138
VITAL AIRE	\$105,689
WBM OFFICE SYSTEMS	\$276,682
WOOD WYANT INC.	\$125,288

Payee Disclosure List: Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

CCRA-CPP	\$2,337,500
CCRA-EI	\$1,103,235
HEALTH SCIENCES ASSOC OF SASK	\$78,730
SAHO - DENTAL PLAN	\$715,249
SAHO - DISABILITY INCOME PLAN	\$724,159
SAHO - EXTENDED BENEFITS PLAN	\$1,614,213
SASKATCHEWAN UNION OF NURSES	\$259,397
SEIU	\$539,443
SHEPP - PENSION PLAN	\$4,311,964
WCB	\$959,277

Management Report

April 30th, 2011

Heartland Health Region Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.



Greg Cummings
Chief Executive Officer



Stacey Bosch
VP of Corporate Services

Financial Statements

Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2011



KPMG LLP
Chartered Accountants
600-128 4th Avenue South
Saskatoon Saskatchewan S7K 1M8
Canada

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Fax (306) 934-6233
Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Authority Members

We have audited the accompanying financial statements of Heartland Regional Health Authority, which comprise the statement of financial position as at March 31, 2011, and the statements of operations and changes in fund balances, and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Heartland Regional Health Authority as at March 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
May 16, 2011

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

March 31, 2011, with comparative figures for 2010

	Operating Fund	Restricted Funds			Total 2011	Total 2010			
		Capital Fund	Community Trust Fund						
ASSETS									
Current assets									
Cash and short-term investments (Schedule 2)	\$ 10,737,619	\$ 21,149,152	\$ 1,529	\$ 31,888,300	\$ 34,928,579				
Accounts receivable									
Ministry of Health - General Revenue Fund	151,349	-	-	151,349	139,807				
Other	940,790	-	-	940,790	944,993				
Inventory	1,371,959	-	-	1,371,959	1,264,083				
Prepaid expenses	459,581	-	-	459,581	498,945				
	13,661,298	21,149,152	1,529	34,811,979	37,776,407				
Investments (Schedule 2)	3,427,130	1,111,533	-	4,538,663	3,560,062				
Capital assets (Note 3)	-	39,582,934	-	39,582,934	38,386,463				
Total Assets	\$17,088,428	\$ 61,843,619	\$ 1,529	\$ 78,933,576	\$79,722,932				
LIABILITIES AND FUND BALANCES									
Current liabilities									
Accounts payable	\$ 3,512,353	\$ 46,583	\$ -	\$ 3,558,936	\$ 3,725,806				
Accrued salaries	4,321,747	-	-	4,321,747	6,705,385				
Vacation payable	6,159,391	-	-	6,159,391	5,671,130				
Mortgages payable - Current (Note 5)	-	442,930	-	442,930	475,721				
Long term debt - Current (Note 6)	-	34,601	-	34,601	73,705				
Deferred revenue (Note 7)	1,398,866	-	-	1,398,866	1,587,781				
	15,392,357	524,114	-	15,916,471	18,219,328				
Long term liabilities									
Long term debt (Note 6)	-	32,729	-	32,729	65,420				
Mortgages payable (Note 5)	-	5,434,044	-	5,434,044	6,494,090				
Total Liabilities	15,392,357	5,990,887	-	21,383,244	24,798,838				
Fund Balances:									
Invested in capital assets	-	33,638,630	-	33,638,630	31,257,527				
Externally restricted (Schedule 3)	-	20,862,437	1,529	20,863,966	20,403,267				
Internally restricted (Schedule 4)	-	1,351,665	-	1,351,665	1,577,834				
Unrestricted	1,696,071	-	-	1,696,071	1,685,466				
Fund balances - (Statement 2)	1,696,071	55,852,732	1,529	57,550,332	54,924,094				
Total Liabilities & Fund Balances	\$17,088,428	\$ 61,843,619	\$ 1,529	\$ 78,933,576	\$79,722,932				

Commitments (Note 4)
Pension Plan (Note 12)

Approved by the Board of Directors:



The accompanying notes and schedules are part of these financial statements.

Statement 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

Year ended March 31, 2011, with comparative figures for 2010

	Operating Fund			Restricted			
	Budget 2011	2011	2010	Capital Fund 2011	Community Trust Fund 2011	Total 2011	Total 2010
	(Note 13)						
REVENUES							
Ministry of Health - general	\$ 75,210,739	\$ 80,544,825	\$ 57,218,610	\$ 4,240,000	\$ -	\$ 4,240,000	\$ 1,514,353
Other provincial	950,875	935,895	896,684	265,209	-	265,209	271,218
Federal government	-	13,127	-	-	-	-	-
Special funded programs	30,000	30,000	-	-	-	-	-
Patient fees	8,658,465	9,158,366	9,101,139	-	-	-	-
Out of province (reciprocal)	33,350	295,407	576,782	-	-	-	-
Out of country	-	12,367	9,959	-	-	-	-
Donations	-	84,684	38,947	558,785	-	558,785	396,254
Investment	179,833	219,476	175,660	239,901	241	240,142	382,115
Recoveries	1,021,124	1,137,648	1,063,735	-	-	-	-
Other	475,945	480,874	404,825	2,445	-	2,445	21,336
Total revenues	86,560,331	92,912,669	69,486,341	5,306,340	241	5,306,581	2,585,276
EXPENSES							
Province wide acute care services	69,702	76,810	53,448	-	-	-	-
Acute care services	18,284,858	18,773,868	18,667,367	799,817	-	799,817	928,012
Physician compensation	-	-	-	-	-	-	-
- acute	681,024	587,020	523,823	-	-	-	-
Supportive care services	40,341,204	42,834,210	41,593,900	3,114,199	-	3,114,199	2,927,653
Home based service	-	-	-	-	-	-	-
- supportive care	5,839,540	6,080,922	6,064,183	21,300	31,457	52,757	10,770
Population health services	3,282,856	3,444,314	3,328,154	8,847	-	8,847	3,845
Community care services	3,895,060	4,108,102	3,657,420	6,084	-	6,084	1,923
Home based services	-	-	-	-	-	-	-
- acute & palliative	884,380	932,753	778,572	1,219	3,651	4,870	520
Primary health care services	3,804,054	3,931,295	3,929,671	139,735	-	139,735	140,357
Emergency response services	4,072,572	4,579,870	4,146,323	352,503	-	352,503	265,257
Addictions services	-	-	-	-	-	-	-
- residential	559,618	559,618	554,078	7,192	-	7,192	7,192
Physician compensation	-	-	-	-	-	-	-
- community	478,676	568,479	642,759	-	-	-	-
Program support services	4,291,287	4,515,149	4,296,500	6,568	-	6,568	(222,838)
Special funded programs	75,500	108,030	87,993	-	-	-	-
Total expenses (Schedule 1)	86,560,331	91,100,440	88,324,191	4,457,464	35,108	4,492,572	4,062,691
Excess (Deficiency) of revenues over expenses	\$ -	1,812,229	(18,837,850)	848,876	(34,867)	814,009	(1,477,415)
Interfund transfers (Note 15)	-	-	-	-	-	-	-
Funding agreement	-	-	19,500,000	-	-	-	(19,500,000)
Other	(1,801,624)	(356,534)	1,801,624	-	-	1,801,624	356,534
Increase (Decrease) in fund balances	-	10,605	305,616	2,650,500	(34,867)	2,615,633	(20,620,881)
Fund balances, beginning of	1,685,466	1,379,850	53,202,232	36,396	53,238,628	73,859,509	
Fund balances, end of year	\$ 1,696,071	\$ 1,685,466	\$ 55,852,732	\$ 1,529	\$ 55,854,261	\$ 53,238,628	

The accompanying notes and schedules are part of these financial statements.

Statement 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

Year ended March 31, 2011, with comparative figures for 2010

	Operating Fund		Restricted Fund			
	2011	2010	Capital Fund 2011	Community Trust Fund 2011	Total 2011	Total 2010
Cash Provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenditure	\$ 1,812,229	\$(18,837,850)	\$ 848,876	\$ (34,867)	\$ 814,009	\$ (1,477,415)
Net change in non-cash working capital (Note 8)	(2,309,307)	4,367,744	2,494	-	2,494	(89,447)
Amortization of capital assets	-	-	3,996,935	-	3,996,935	3,554,238
Loss on disposal of capital assets	-	-	31,934	-	31,934	119,512
	(497,078)	(14,470,106)	4,880,239	(34,867)	4,845,372	2,106,888
 Purchase of capital assets						
Buildings/construction	-	-	(3,155,521)	-	(3,155,521)	(3,223,154)
Equipment	-	-	(2,069,819)	-	(2,069,819)	(1,795,062)
Purchase of long-term investments	(950,574)	(1,008,061)	(28,027)	-	(28,027)	(769,608)
	(950,574)	(1,008,061)	(5,253,367)	-	(5,253,367)	(5,787,824)
 Repayment of debt	-	-	(1,184,632)	-	(1,184,632)	(529,298)
 Net increase (decrease) in cash & short term investments during the year	(1,447,652)	(15,478,167)	(1,557,760)	(34,867)	(1,592,627)	(4,210,234)
 Cash & short term investments, beginning of year	13,986,895	10,321,596	20,905,288	36,396	20,941,684	44,295,384
Interfund transfers (Note 15)	(1,801,624)	19,143,466	1,801,624	-	1,801,624	(19,143,466)
 Cash & short term investments, end of year (Schedule 2)	\$ 10,737,619	\$ 13,986,895	\$ 21,149,152	\$ 1,529	\$ 21,150,681	\$ 20,941,684

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

1. Legislative Authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of *The Act*. The Heartland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Health Care Organizations (HCO)

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliate is incorporated (and is a registered charity under *The Income Tax Act*):

- St. Joseph's Hospital of Macklin

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

2. Significant Accounting Policies (continued)

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

2. Significant Accounting Policies (continued)

(c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	2.5 to 10%
Land	
improvements	5%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

(e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

(f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

2. Significant Accounting Policies (continued)

(g) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

(i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

2. Significant Accounting Policies (continued)

premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2011 (2010 – none) the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

2. Significant Accounting Policies (continued)

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk - affected by changes in foreign exchange rates; Interest rate risk - affected by changes in market interest rates; and Market risk - affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

(j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

(k) Allocation of Expenses

The RHA incurs a number of general support expenses that are common to the administration of the organization and each of its programs. The RHA allocates certain of its general support expenses by identifying the appropriate basis of allocating each component expense, and applies that basis consistently each year. Corporate governance and general management expenses are not allocated; other general support expenses are allocated on the following basis:

Education, Employee Family Assistance Program (EFAP), payroll charges, quality, information systems (IS) supplies, and SAHO charges are allocated to functions based on estimates of staff activity and resource usage. For the year ended March 31, 2011 the amount allocated was \$2,155,574 (2010 - \$1,546,659).

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

2. Significant Accounting Policies (continued)

	Acute Care Services	Supportive Care Services	Home Based Services - Supportive	Population Health Services	Community Care Services	Primary Health Care	Emergency Response Services	Program Support Services
Education	20%	53%	9%	4%	3%	4%	3%	4%
EFAP	20%	53%	9%	4%	3%	4%	3%	4%
Payroll Charges	20%	53%	9%	4%	3%	4%	3%	4%
Quality	21%	55%	9%	4%	3%	5%	3%	0%
IS Supplies	20%	53%	9%	4%	3%	4%	3%	4%
SAHO	20%	53%	9%	4%	3%	4%	3%	4%

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

3. Capital Assets

			Cost	Accumulated Amortization	2011 Net Book Value	2010 Net Book Value
Land	\$ 334,724	\$ -	\$ 334,724	\$ 330,111		
Land Improvements	477,218	426,410	50,808	60,385		
Buildings	69,274,157	39,477,075	29,797,082	30,954,659		
Equipment	22,541,796	15,339,863	7,201,933	6,332,900		
Construction in progress	2,198,387	-	2,198,387	708,408		
	\$ 94,826,282	\$ 55,243,348	\$ 39,582,934	\$ 38,386,463		

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2011, commitments for acquisition of capital assets were \$124,641 (2010 - none).

The Ministry of Health has provided the RHA with funding to be used to construct three long term care facilities. As at March 31, 2011, a total of \$19,700,000 (2010 - \$16,700,000) in funding has been provided.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2012	\$ 49,817
2013	25,342
2014	12,491
2015	6,690
2016	1,860

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

c) Capital Leases

		2011	2010
	Cost	Accumulated Amortization	Net Carrying Amount
Ambulances under capital lease	277,068	205,525	71,543
Total	277,068	205,525	71,543
			118,578
			118,579

Assets under capital lease are included in capital assets in Note 3.

The ambulances are amortized on a straight-line basis over the economic life beginning in the year of acquisition.

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

2012	\$ 35,508
2013	33,157
2014 and subsequent	-
Total minimum lease payments	68,665
Amount representing interest	(1,335)
Balance of the obligation	67,330
Less current portion	(34,601)
Long term portion	32,729

Equipment under capital lease consists of two ambulance leases, one at 4.85% interest, expiring June 30, 2011, and one at 4.94% interest expiring Feb 28, 2013.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

d) Asset Retirement Obligations

The RHA has identified asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2011. Note 10 b) provides supplementary information on Health Care Organizations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2011	2010
Heritage Manor, Kindersley - CMHC, due May 1, 2021	5.02%	\$289,327 principal and interest of which \$89,076 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Sep. 1, 2014	\$ 2,305,494	\$ 2,475,624
Golden Years Lodge, Elrose - CMHC, due Aug. 1, 2025	4.32%	\$71,981 principal and interest of which \$90,000 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	773,043	811,031
Jubilee Lodge, Eston - CMHC, due June 1, 2022	4.17%	\$77,534 principal and interest of which \$17,111 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Oct. 1, 2015	696,515	744,171
Diamond Lodge Company Ltd., Biggar - CMHC, due April 1, 2019	4.17%	\$78,732 principal and interest of which \$16,419 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Oct. 1, 2015	540,150	595,299
Outlook & District Pioneer Home, Outlook - CMHC, due April 1, 2021	4.69%	\$58,742 principal and interest of which \$15,700 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	472,199	508,091
Prairie Manor, Dinsmore - CMHC, due April 1, 2022	4.69%	\$42,704 principal and interest of which \$11,775 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2016	369,375	394,286
Prairie View Lodge, Davidson - CMHC, due Dec. 1, 2020	5.14%	\$46,995 principal and interest of which \$15,107 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Dec. 1, 2013	360,605	388,480
Lucky Lake & District Special Care Home Inc., Lucky Lake - CMHC, due Oct. 1, 2021	4.32%	\$42,330 principal and interest of which \$10,031 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2016	359,593	385,907

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

5. Mortgages Payable

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2011

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	2011	2010
Buena Vista Lodge, Kerrobert - CMHC	8.00%	Mortgage paid in full in 2010-2011	-	183,497
Diamond Lodge Company Ltd., Biggar - CMHC	8.00%	Mortgage paid in full in 2010-2011	-	104,699
Outlook & District Pioneer Home Inc., Outlook - CMHC	5.38%	Mortgage paid in full in 2010-2011	-	84,017
Arm River Housing Corporation, Davidson - CMHC	5.38%	Mortgage paid in full in 2010-2011	-	74,143
Wheatbelt Centennial Lodge, Rosetown - CMHC	5.88%	Mortgage paid in full in 2010-2011	-	66,510
Unity & District Health Centre, Unity - CMHC	6.88%	Mortgage paid in full in 2010-2011	-	66,507
Diamond Lodge Company Ltd., Biggar - CMHC	5.38%	Mortgage paid in full in 2010-2011	-	61,045
Jubilee Lodge, Eston - CMHC	5.75%	Mortgage paid in full in 2010-2011	-	26,504
			5,876,974	6,969,811
Less current portion			442,930	475,721
			\$ 5,434,044	\$ 6,494,090

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

5. Mortgages Payable (continued)

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2012	\$ 442,930
2013	464,621
2014	486,804
2015	510,053
2016	534,420
2017 and subsequent	3,438,146
	<hr/>
	\$ 5,876,974

6. Long Term Debt

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

5. Mortgages Payable (continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2011	2010
Biggar Ambulance Lease, Saskatchewan Property Management Corp.	4.94%	\$29,597 principal and interest. Lease Term 5 years (Note 4c)	57,366	85,262
Outlook Ambulance Lease, Saskatchewan Property Management Corp.	4.85%	\$28,259 principal and interest. Lease Term 5 years (Note 4c)	9,964	37,753
Biggar Ambulance Garage, Town of Biggar	4.25%	Loan paid in full in 2010-2011	-	36,110
			67,330	159,125
Less current portion			34,601	73,705
			\$ 32,729	\$ 85,420

Principal repayments required in each of the next five years is estimated as follows:

2012	\$ 34,601
2013	32,729
2014 and Subsequent	
	\$ 67,330

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

7. Deferred Revenue

		Balance Beginning of Year	Add Amount Received	Less Prior Amount Recognized	Less Current Amount Recognized	Balance End of Year
Sask Health Initiatives						
Health Improvement Initiatives	\$ 95,283	\$ -	\$ 95,283	\$ -	\$ -	\$ -
Behavioural Management Initiatives	26,180	-	26,180	-	-	-
Adult Behavioural Management	10,017	-	7,820	-	-	2,197
Mental Health Manager	23,281	-	-	-	-	23,281
Infant Mortality Risk Program	57,201	-	-	-	-	57,201
Primary Health Initiative	12,622	-	-	-	-	12,622
Professional Development	30,505	-	20,284	-	-	10,221
Primary Health Info Service	10,031	-	-	-	-	10,031
Aboriginal Awareness	8,599	15,000	8,599	10,271	-	4,729
Quality Health Workplace Initiative	31,241	6,000	12,279	-	-	24,962
Health Information Protection Act	8,947	-	8,947	-	-	-
Hope Project	147,238	-	147,238	-	-	-
Out of Scope Nurse Manager	-	89,080	-	-	-	89,080
Short Term Home Care Initiative	23,402	-	23,402	-	-	-
Safety Training Initiative	68,124	-	21,851	-	-	46,273
Eatonia Care Home - Rent	64,800	-	64,800	-	-	-
Public Health Immunizations	-	7,000	-	-	-	7,000
Mentorship Program	12,071	-	12,071	-	-	-
MDS Support	10,597	-	-	-	-	10,597
Autism	155,445	-	155,445	-	-	-
Recruitment Initiatives	20,000	-	-	-	-	20,000
H1N1 Future Year Commitments	58,000	-	29,000	-	-	29,000
Infection Control	55,349	48,158	1,861	-	-	101,646
Surgical Initiatives	-	326,131	-	-	-	326,131
Saskatchewan Medical Association	-	66,161	-	-	-	66,161
Patient Family Centred Care	-	10,000	-	4,972	-	5,028
Physician Relocation	-	15,000	-	-	-	15,000
	\$ 928,933	\$ 582,530	\$ 635,060	\$ 15,243	\$ 861,160	
Non Sask Health Initiatives						
Workplace Wellness	\$ 901	\$ -	\$ -	\$ -	\$ -	\$ 901
Evidence Based Decision	-	-	-	-	-	-
Making Workshop	11,927	-	-	-	-	11,927
Kids First Program	120,645	72,500	108,030	-	-	85,115
Family & Students Together	23,911	-	-	-	-	23,911
Nurse Recruitment Funding	222,933	-	18,145	-	-	204,788
LEAN	256,797	-	87,348	-	-	169,449
Falls and Injury Prevention	1,734	-	1,331	-	-	403
Community Inclusive Services and Support	-	124,973	-	83,761	-	41,212
	\$ 638,848	\$ 197,473	\$ 214,854	\$ 83,761	\$ 537,706	
Total Deferred Revenue	\$ 1,567,781	\$ 780,003	\$ 849,914	\$ 99,004	\$ 1,398,866	

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2011	2010	Capital Fund	Community Trust Fund	Total 2011	Total 2010
Accounts receivable	\$ (44,500)	\$ (135,720)	\$ 37,161	\$ -	\$ 37,161	\$ 147,276
Inventory	(107,876)	(139,464)	-	-	-	-
Prepaid expenses	39,364	(96,147)	-	-	-	-
Accounts payable	(132,003)	1,016,238	(34,667)	-	(34,667)	(236,723)
Accrued salaries	(2,383,638)	3,567,119	-	-	-	-
Vacation payable	488,261	270,866	-	-	-	-
Deferred revenue	(168,915)	(115,148)	-	-	-	-
	\$ (2,309,307)	\$ 4,367,744	\$ 2,494	\$ -	\$ 2,494	\$ (89,447)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2011 was \$17,779 (2010 - \$21,014). These amounts are not reflected in the financial statements.

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

10. Related Parties (continued)

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

10. Related Parties (continued)

	2011	2010
Revenues		
Ministry of Health	\$ 84,784,825	\$ 58,732,963
Saskatchewan Housing Corporation	265,209	271,218
Other	935,895	896,684
	\$ 85,985,929	\$ 59,900,865
Expenditures		
Sask Health Care Employees' Pension Plan	\$ 4,311,964	\$ 3,408,634
St Joseph's Hospital of Macklin	2,010,249	1,907,115
SAHO Enhanced Dental/Extended Health Plan	1,614,213	1,438,571
Ministry of Government Services	658,819	619,106
Sask Workers' Compensation Board	959,277	943,742
Sask Power Corporation	829,305	794,708
Sask Energy Incorporated	943,124	929,767
SAHO Disability Plan	724,159	633,824
Bridgepoint Centre for Eating Disorders Inc.	559,618	554,078
Saskatchewan Telecommunications	344,693	404,713
SAHO Dental Plan	715,249	695,306
Saskatoon Regional Health Authority	146,423	496,970
Sask Association of Health Care Organizations	331,110	173,446
Beechy Demaine Emergency Services	119,909	120,137
Minister of Finance	3,480	31,856
Other Regional Health Authorities	72,247	135,990
Canadian Mental Health Association (Saskatchewan Division) Inc.	29,246	28,956
Saskatchewan Finance	42,903	37,213
Public Employees Pension Plan	47,986	43,900
SGI Canada Insurance Services Ltd	37,107	48,588
Elrose Ambulance Service	13,894	21,573
Eatonia Oasis Living	102,703	122,255
North Sask Laundry	541,629	179,505
	\$ 15,159,307	\$ 13,769,953

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

10. Related Parties (continued)

	2011	2010
Accounts Receivable		
Ministry of Health	\$ 151,349	\$ 139,807
SGI Canada Insurance Services Ltd	14,554	-
Ministry of Government Services	-	29,534
Sask Association of Health Care Organizations	-	255,000
Saskatoon Regional Health Authority	220	-
	\$ 166,123	\$ 424,341
Prepaid Expenditures		
Workers Compensation	\$ 242,805	\$ 221,791
SGI Canada Insurance Services Ltd	31,162	23,549
	\$ 273,967	\$ 245,340
Accounts Payable		
Sask Health Care Employees' Pension Plan	\$ 637,326	\$ 530,964
Sask Energy Incorporated	139,745	121,577
SAHO Disability Plan	110,217	101,227
Public Employees Pension Plan	-	3,138
SAHO Enhanced Dental/Extended Health Plan	119,598	113,930
Ministry of Government Services	72,253	103,440
St Joseph's Hospital of Macklin	9,292	2,748
Saskatchewan Telecommunications	4,748	48,918
SAHO Dental Plan	60,099	58,581
Saskatoon Regional Health Authority	4,232	20,209
Sask Association of Health Care Organizations	36,178	5,436
Saskatchewan Finance	-	10,409
SGI Canada Insurance Services Ltd	28,742	-
	\$ 1,222,430	\$ 1,120,577

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

10. Related Parties (continued)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to prescribed HCOs and Third Parties:

	2011	2010
Bridgepoint Centre for Eating Disorders Inc.	\$ 559,618	\$ 554,078
Canadian Mental Health Association (Saskatchewan Division) Inc.	29,246	28,956
	<hr/> \$ 588,864	<hr/> \$ 583,034

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

	2011	2010
St. Joseph's Hospital of Macklin	\$ 2,010,249	\$ 1,907,115
	<hr/> \$ 2,010,249	<hr/> \$ 1,907,115

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

10. Related Parties (continued)

b) Health Care Organizations - continued

ii) Affiliates - continued

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2011 and 2010.

	2011	2010
Statement of financial position:		
Assets	\$ 676,796	\$ 743,966
Net capital assets	<u>2,551,276</u>	<u>2,573,656</u>
	<u>\$ 3,228,072</u>	<u>\$ 3,317,622</u>
 Total liabilities	 \$ 318,995	 \$ 379,715
Total fund balances	<u>2,909,077</u>	<u>2,937,907</u>
	<u>\$ 3,228,072</u>	<u>\$ 3,317,622</u>
 Results of operations:		
RHA grant	\$ 2,010,249	\$ 1,907,115
Other revenue	<u>405,019</u>	<u>453,560</u>
Total revenue	<u>2,415,268</u>	<u>2,360,675</u>
Salaries and benefits	\$ 1,942,116	\$ 1,907,709
Other expenses	<u>501,977</u>	<u>459,329</u>
Total expenses	<u>2,444,093</u>	<u>2,367,038</u>
Excess/(Deficiency) of revenue over expenses	<u>\$ (28,825)</u>	<u>\$ (6,363)</u>

Other expenses includes amortization of \$134,704 (2010 - \$124,842).

Cash flows:

Cash from operations	\$ (72,963)	\$ 139,724
Cash used in investing activities	<u>(6,573)</u>	<u>63,784</u>
Increase/(Decrease) in cash	<u>\$ (79,536)</u>	<u>\$ 203,508</u>

Cash used in investing activities includes capital purchases of \$112,324 (2010 - \$45,360).

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

11. Comparative Information

Certain 2010-11 balances have been reclassified to conform to the current year's presentation.

12. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Other compensation – benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP ¹	PEPP	2011 Total	2010 Total
Number of active members	1,377	11	1,388	1,399
Member contribution rate, percentage of salary	7.20-9.60%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	8.06-10.75%*	6.00-7.00%*		
Member contributions (thousands of dollars)	3,850,213	46,985	3,897,198	3,086,464
RHA contributions (thousands of dollars)	4,311,964	47,986	4,359,950	3,452,534

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2011. Inactive members are transferred to SHEPP and not included in these results.

13. Budget

The RHA approved the 2010-2011 budget plan on May 26th, 2010. Subsequent to

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

budget approval, contract compensation adjustments totaling \$4,403,913 were added to the budget for both revenue and expenses.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

14. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of RHA's receivables are from the Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is \$3,681,184 (2010 - \$4,866,789) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

15. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

During the 2009-2010 fiscal year, due to fiscal pressures, the Ministry reduced operating funding to health regions. To offset the shortfall in operating revenue, the RHA agreed to an amendment in the funding agreement for the Biggar, Kerrobert and Rosetown long term care projects. The amendment removed restrictions on \$19.5 million of capital funds received by the RHA in fiscal 2009 and allowed the funds to be transferred to operations.

	2011			2010		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	\$ (769,296)	\$ 769,296	\$ -	\$ (171,870)	\$ 171,870	\$ -
Mortgage Payments	(492,991)	562,889	-	-	-	-
Mortgage Payouts	(447,827)	377,929	-	(184,664)	184,664	-
Other	(91,510)	91,510	-	-	-	-
Funding Agreement	-	-	-	19,500,000	(19,500,000)	-
	\$ (1,801,624)	\$ 1,801,624	\$ -	\$ 19,143,466	\$ (19,143,466)	\$ -

16. Collective Agreements

The HSAS contract expired March 31, 2009 and the proposed settlement has not been agreed to or ratified by the union. The SUN and SEIU contracts are in effect until March 31, 2012.

17. Energy Renewal Project

Energy performance contracting (EPC) is a unique program designed to allow RHAs to implement facility improvements, reduce operational utility costs, and improve the internal environmental conditions for both patients and staff. EPC's provide utility cost savings that pay for the cost and financing of the project within an established time frame.

The RHA has contracted *SaskPower Energy Solutions* to perform an energy audit on a variety of facilities to determine the potential energy saving that could be achieved through an EPC. At March 31, 2011, the RHA is nearing the completion of an Energy and Facility Renewal Report (EFRP). Once the EFRP is completed and approved by the RHA's board of directors, the RHA will submit a business plan for approval by the Ministry of Health. If approved, the RHA intends to borrow the required funds to finance the EPC.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2011

18. Accounting Policy Changes

Future accounting standards

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations to adopt new reporting standards effective for fiscal years beginning on or after January 1, 2012. The impact of this change is undeterminable at this time.

Schedule 1**HEARTLAND REGIONAL HEALTH AUTHORITY****Schedule of Expenses by Object**

Year ended March 31, 2011, with comparative figures for 2010

	Budget 2011	Actual 2011	Actual 2010
Operating:			(Note 11)
Advertising & public relations	\$ 139,102	\$ 151,478	\$ 180,915
Board costs	124,974	102,481	107,151
Compensation - Benefits:			
WCB employer premium	880,816	958,482	942,883
Other compensation - benefits	10,048,538	10,964,890	9,538,328
Compensation - Salaries	58,231,531	61,519,467	60,570,465
Continuing education fees & materials	122,452	144,474	241,696
Contracted-out services - Other	485,058	699,723	466,242
Diagnostic imaging supplies	118,235	97,674	105,344
Dietary supplies	140,117	130,008	137,432
Drugs	801,784	717,763	710,814
Food	1,364,995	1,336,695	1,343,873
Grants to ambulance services	98,025	98,025	98,025
Grants to third parties	2,455,218	2,526,139	2,484,563
Housekeeping & laundry supplies	637,459	635,309	618,588
Information technology contracts	299,312	289,802	234,299
Insurance	307,716	280,305	289,560
Interest	7,500	8,332	7,311
Laboratory supplies	708,011	618,713	672,424
Medical & surgical supplies	1,129,737	1,067,982	1,153,530
Medical remuneration and benefits	1,187,313	1,174,536	1,199,704
Meetings	41,382	37,492	26,448
Office supplies & other office costs	669,149	596,451	647,571
Other	459,195	440,417	454,548
Professional fees	782,502	832,929	771,027
Purchased salaries	205,427	154,796	177,512
Rent/lease/purchase costs	880,587	1,027,872	888,994
Repairs and maintenance	596,052	594,142	644,244
Service contracts	660,092	868,555	644,530
Supplies - Other	201,999	252,232	190,034
Therapeutic supplies	31,289	19,639	12,286
Travel	845,892	783,504	869,388
Utilities	1,898,872	1,970,133	1,894,462
	86,560,331	91,100,440	88,324,191
Restricted:			
Amortization		3,996,935	3,554,238
Loss on disposal of fixed assets		31,934	119,512
Mortgage interest expense		326,279	345,669
Other		137,424	43,272
	4,492,572		4,062,691
		\$ 95,593,012	\$ 92,386,882

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2011

	Fair Value	Maturity	Effective Rate
<u>Restricted Cash and Investments</u>			
Cash and Short Term			
Chequing and Savings:			
Prairie Centre Credit Union - Rosetown	\$ 20,838,196		
Short Term Investments:			
CPN - Prov of Ont	9,991	05/03/2011	3.83%
CPN - Prov of Ont	54,549	11/03/2011	3.35%
GIC - ICICI Bank	69,092	06/08/2011	4.55%
GIC - Laurentian Bank	89,480	01/31/2012	4.33%
GIC - Montreal Trust	89,373	01/31/2012	4.30%
	312,485		
Total Cash & Short Term Investments	21,150,681		
Long Term			
CPN - Prov of Ont	9,821	05/03/2012	3.83%
CPN - Prov of Ont	53,345	11/03/2012	3.35%
CPN - Prov of Ont	9,552	05/03/2013	3.83%
CPN - Prov of Ont	9,225	05/03/2014	3.83%
CPN - Prov of Ont	8,853	05/03/2015	3.83%
GIC - Home Trust Company	71,134	05/04/2012	4.45%
GIC - Pacific & Western	65,835	05/04/2012	4.42%
GIC - Bank of Montreal	83,299	12/17/2013	4.70%
GIC - Canadian Tire Bank	22,019	12/17/2013	4.30%
GIC - ING Bank of Canada	79,402	12/17/2012	4.11%
GIC - Bank of Nova Scotia	64,046	07/21/2013	4.70%
GIC - Canadian Tire Bank	61,488	11/04/2013	4.75%
GIC - LBC Trust	91,942	11/27/2014	3.15%
GIC - Canadian Western Bank	92,002	11/27/2014	3.20%
GIC - Resmor Trust Company	92,061	11/27/2014	3.25%
GIC - HSBC Bank	68,238	06/09/2015	3.65%
GIC - Manulife Bank	55,627	11/05/2015	2.85%
GIC - AGF Trust	86,808	02/18/2015	3.17%
GIC - NatCan	86,836	02/18/2016	3.46%
	1,111,533		
Total Restricted Cash and Investments	22,262,214		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2011

Schedule 2-continued

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

Year ended March 31, 2011, with comparative figures for 2010

	Fair Value	Maturity	Effective Rate
Unrestricted Cash and Investments			
Cash and Short Term			
Prairie Centre Credit Union - Rosetown	8,006,567		
Kerrobert Credit Union	486,724		
Innovation Credit Union - Wilkie	22,512		
Synergy Credit Union - Kindersley	53,508		
Affinity Credit Union - Davidson	38,166		
Biggar Credit Union	269,550		
Unity Credit Union	38,336		
CIBC - Lucky Lake	8,169		
Petty Cash	8,020		
Co-Op Equity Accounts	42,579		
GIC - Concentra	737,255	08/29/2011	2.10%
	9,711,386		
Term Deposits			
Prairie Centre Credit Union - Rosetown	1,026,233	11/19/2011	1.80%
	10,737,619		
Long Term Investments			
GIC - Coast Cap	445,879	08/31/2012	2.02%
Alterna Investment Svgs	678,004		
Dundee Investment Savings	68,277		
GIC - Coast Cap	446,851	09/02/2013	2.40%
GIC-Cdn Western Bank	767,764	03/24/2014	2.55%
	2,406,775		
Term Deposits			
Prairie Centre Credit Union - Rosetown	1,020,355	11/05/2012	2.05%
	3,427,130		
Total Unrestricted Investments	14,164,749		
Total Cash and Investments	\$ 36,426,963		
 Restricted investments include: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).			
 Restricted and Unrestricted Totals			
Total Cash & Short Term Investments		\$ 31,888,300	
Total Long-Term Investments		4,538,663	
Total Investments	\$ 36,426,963		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

Year ended March 31, 2011, with comparative figures for 2010

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2011, with comparative figures for 2010

COMMUNITY TRUST FUND EQUITY

Trust Name:	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	Balance End of Year
Greenhead District Home Care	\$ 36,396	\$ 241	\$ -	\$ (35,108)	\$ -	\$ 1,529
Total Community Trust Fund	\$ 36,396	\$ 241	\$ -	\$ (35,108)	\$ -	\$ 1,529

CAPITAL FUND

RESTRICTED DONATIONS:	Balance Beginning of Year	Donations	Other Capital Revenue, Net of Expenses	Transfer to Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Biggar Hospital	\$ 31,420	\$ 17,653	\$ -	\$ -	\$ (12,385)	\$ 36,688
Biggar Diamond Lodge	38,481	6,405	-	-	(10,395)	34,491
Eatonia	1,019	(901)	-	-	-	118
Kerrobert	(2,579)	6,687	-	-	(2,409)	1,699
Kindersley	(8,876)	26,375	-	-	(5,983)	11,516
Rosetown	129,705	131,403	-	-	(132,389)	128,719
Unity	55,526	95,613	-	-	(114,485)	36,654
Outlook	26,150	10,392	-	-	(33,693)	2,849
Beechy	1,250	45	-	-	-	1,295
Davidson	(42,324)	82,291	-	-	(30,660)	9,307
Dinsmore	20,624	278	-	-	(3,343)	17,559
Eirose	7,693	4,973	-	-	-	12,666
Eston	56	115,789	-	-	(114,870)	975
Kyle	303	3,343	-	-	(3,343)	303
Lucky Lake	-	3,343	-	-	(3,343)	-
Wilkie	563,425	13,442	-	-	(14,128)	562,739
EMS	55,094	40,194	-	-	(40,961)	54,327
Home Care	15,739	1,260	-	-	-	16,999
Addictions	100	-	-	-	-	100
Region Education	13,602	-	-	-	-	13,602
Region Equipment	54,530	-	2,445	-	-	56,975
Population Health	300	200	-	-	-	500
RESTRICTED CAPITAL FUNDING						
Equipment Funding	292,386	-	500,000	-	(233,094)	559,292
Diagnostic Equipment	154,724	-	-	-	(141,990)	12,734
Safety Equipment	306,893	-	-	-	(274,034)	32,859
Block Funding	22,778	-	740,000	-	(7,701)	755,077
VFA Funding	1,836,985	-	-	-	(1,415,459)	421,526
Long Term Care Building Project	16,300,597	-	3,164,918	-	(1,503,061)	17,962,454
EMS Radios	486,000	-	-	-	(466,278)	19,722
Other	5,270	-	(88,403)	-	181,825	98,692
Total Capital Fund	\$ 20,366,871	\$ 558,785	\$ 4,318,960	\$ -	\$ (4,382,179)	\$ 20,862,437
TOTAL EXTERNALLY RESTRICTED FUNDS						
	\$ 20,403,267	\$ 559,026	\$ 4,318,960	\$ (35,108)	\$ (4,382,179)	\$ 20,863,966

Schedule 4

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2011, with comparative figures for 2010

	Balance Beginning of Year	Investment Income Allocated	Transfer between Internally Restricted Funds	Annual Allocation from Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
SHC Replacement Reserves							
Biggar Diamond Lodge	\$ 148,930	\$ -	\$ (61,040)	\$ -	\$ -	\$ -	\$ 87,890
Outlook Pioneer Home	103,270	-	(48,000)	-	-	-	55,270
Kerrobert Beuna Vista Lodge	44,000	-	(44,000)	-	-	-	-
Kindersley Heritage Manor	224,880	-	-	-	-	-	224,880
Rosetown Wheatbelt Centennial Lodge	200,000	-	(200,000)	-	-	-	-
Unity & District Health Centre	124,250	-	(124,250)	-	-	-	-
Davidson Prairie View Lodge	273,150	-	(93,900)	-	-	-	179,250
Eirose & District Health Centre	74,000	-	-	-	-	-	74,000
Eston Jubilee Lodge	200,690	-	(56,370)	-	-	-	144,320
Total SHC	1,393,170	-	(627,560)	-	-	-	765,610
Other Internally Restricted Funds							
Appropriated for Mortgage Payouts	184,664	-	-	-	-	(184,664)	-
Replacement Reserves	-	-	627,560	-	-	(133,015)	494,545
Appropriated for Other	-	-	-	-	91,510	-	91,510
Total Internally Restricted	\$1,577,834	\$ -	\$ -	\$ -	\$ 91,510	\$(317,679)	\$1,351,665

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2011, with comparative figures for 2010

RHA Members	Retainer	Per Diem	Travel and			Other	CPP	2011		2010	
			Travel Expenses	Time Expenses	Sustenance Expenses			Total	Total	Total	Total
Anderson Richard - Chairperson	\$ 9,960	\$ 8,760	\$ 4,744	\$ 6,145	\$ 109	\$ 961	\$ 30,679	\$ 30,119			
Ilott, Lorreen	-	3,400	1,638	2,698	-	196		7,932	10,804		
Allan, Gary	-	2,400	858	1,679	-	-		4,937	5,580		
Goring, Loretta	-	3,356	706	1,326	-	-		5,388	5,987		
Groves, Gary	-	2,625	549	651	-	-		3,825	3,437		
Leys, Lyle	-	2,600	146	954	-	-		3,700	5,869		
Lorenz, Hazel	-	2,200	795	1,207	-	102		4,304	5,433		
MacDougall, Richard	-	800	350	686	-	37		1,873	9,549		
Rankin, Lyle	-	2,400	600	1,105	-	82		4,187	3,590		
Siemens, George	-	2,975	898	1,630	-	-		5,503	4,411		
Sittler, William	-	400	188	372	-	16		976	6,505		
Whittles, Mary-Lou	-	5,765	1,790	3,522	-	307		11,384	7,066		
TOTAL	\$ 9,960	\$ 37,681	\$ 13,260	\$ 21,977	\$ 109	\$ 1,700		\$ 84,688	\$ 98,350		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2011, with comparative figures for 2010

Senior Employees	Benefits and Allowances ²				Severance Amount	Total 2011	Salaries, Benefits & Allowances ^{1,2}			Severance	Total 2010
	Salaries ¹	Allowances ²	Sub-total								
Cummings, Gregory - President and CEO	\$ 261,383	\$ -	\$ 261,383	\$ -	\$ 261,383	\$ 107,882	\$ -	\$ 107,882	\$ -	\$ 107,882	
Sproxton, Lefa - Interim CEO	22,036	-	22,036	-	22,036	148,031	-	148,031	-	148,031	
Bosch, Stacey - VP of Corporate Services	179,106	150	179,256	-	179,256	147,772	-	147,772	-	147,772	
Glessing, Caroline - VP of Primary Health Services	171,456	150	171,606	-	171,606	139,912	-	139,912	-	139,912	
Pajunen, Sheila - VP of Human Resources	171,919	-	171,919	-	171,919	139,447	-	139,447	-	139,447	
Wasko Lacey, Linda - VP of Quality Services	173,748	-	173,748	-	173,748	140,370	-	140,370	-	140,370	
Ledding, Dr David - Sr Medical Mgr	120,000	-	120,000	-	120,000	124,281	-	124,281	-	124,281	
Total	\$ 1,099,648	\$ 300	\$ 1,099,948	\$ -	\$ 1,099,948	\$ 947,694	\$ -	\$ 947,694	\$ -	\$ 947,694	

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. as well as any other taxable benefits.